

CONSENT for MICRO-NEEDLING

Patient Name: _____

Date: _____

MICRO-NEEDLING creates micro "injuries" into the skin which triggers new collagen synthesis. The result is smoother, firmer and younger looking skin. Skin needling is performed with a sterile tip and the procedure is normally completed within 30-60 minutes depending on the required treatment and anatomical site.

Contraindications:

Keloid scars; history of eczema, psoriasis and other chronic conditions; history of actinic (solar) keratosis; history of Herpes Simplex infections; history of diabetes; presence of raised moles; warts on targeted areas. Absolute contraindications include: scleroderma, collagen vascular diseases or cardiac abnormalities; blood clotting problems; active bacterial or fungal infections; immune-suppression; scars less than 6 months old. Not recommended for woman who are pregnant or nursing.

I HAVE BEEN ADVISED OF THE POSSIBLE ADVERSE REACTIONS WHICH ARE AS FOLLOWS:

DISCOMFORT - If discomfort is experienced, simply inform the technician and adjustments will be made.

REDNESS – After the procedure the skin will be red and flushed in appearance in a similar way to a moderate sunburn. The skin's redness will diminish after a few hours following treatment and within the next 24 hours the skin will generally calm. After 3 days the skin will return to a normal or near normal appearance.

SENSITIVITY- You may experience skin tightness and mild sensitivity to touch on the area being treated.

PIGMENT CHANGES (Skin Color) – Hypo-pigmentation (decreased skin coloration) or hyper-pigmentation (increased skin coloration) is uncommon and although rarely permanent, may last several weeks to months. Pre and post treatment use of sunblock is advised to minimize risk. Fitzpatrick level III-VI may require bleaching creams prior to treatment.

Acknowledgements:

- *I UNDERSTAND THAT RESULTS VARY BETWEEN INDIVIDUALS AND THAT ALTHOUGH I MAY SEE A CHANGE AFTER MY 1st TREATMENT, I MAY REQUIRE A SERIES OF SESSIONS TO OBTAIN MY DESIRED OUTCOME.*
- *I UNDERSTAND THAT MICRO-NEEDLING IS NOT PERMANENT AND THERE ARE NO GUARANTEES REGARDING THE SUCCESS OF THE TREATMENT.*
- *I UNDERSTAND THAT DIRECT SUN EXPOSURE IS PROHIBITED WHILE I AM UNDERGOING TREATMENT AND THAT THE USE OF SUNBLOCK PROTECTION WITH A MINIMUM OF SPF 30 IS MANDATORY.*
- *I UNDERSTAND THAT I CANNOT HAVE ANOTHER TREATMENT WITHIN 14 DAYS OF THIS TREATMENT, WHETHER IT IS PERFORMED AT THIS LOCATION OR ANY OTHER LOCATION.*
- *I UNDERSTAND THAT IF I EXPERIENCE ANY ADVERSE SIDE EFFECTS I WILL IMMEDIATELY NOTIFY THE TECHNICIAN/NURSE/SPECIALIST.*

Patient (Print Name)

Signature

Date

Witness (Print Name)

Signature

Date