

MICRO-NEEDLING

CONSENT FOR TREATMENT

I _____, hereby give my consent to undergo Collagen Induction Therapy (Micro-needling) treatment provided by my esthetician _____.

I understand this technique involves the introduction of fine needles through the skin. The purpose is to create micro-channels in the skin allowing the infusion of active ingredients (such as vitamin C, hyaluronic acid and others) to penetrate deeply and effectively into the dermis, nourishing the skin and stimulating the regrowth of collagen. A series of 4 to 6 treatments is recommended and the frequency will depend on the intensity and depth of the needle. The administration of numbing creams may be used if deemed needed.

Micro-needling Contraindications

- Have used Accutane (Isotretinoin) with the last year.
- Have open wounds, cuts or abrasions on the skin.
- Have had radiation treatment to the skin with in the last year.
- Have any kind of current skin infection, condition, or herpes simplex in the area to be treated.
- Are pregnant or breastfeeding.
- Have any history of keloid or hypertrophic scars.
- Have had recent surgery to the face or facial peels.
- Have been injected with Botox or similar neurotoxins within the past 10 days.
- Have been injected with fillers within the past 30 days.
- Have any auto-immune disease, such as Systemic Lupus, Grave's Disease, etc.
- Have a history of poor wound healing.
- Have skin cancer or any stage of melanoma.
- Are taking blood thinners.
- Are allergic to Lidocaine or stainless steel.
- Have active acne, eczema, psoriasis, or rosacea.

CLIENT CONSENT FORM

I hereby consent to and authorize _____ to perform the following procedure:

_____.

I have voluntarily elected to undergo the treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks and complications. I also recognize there are no guaranteed results and that results are dependent upon age, skin condition, and lifestyle and that there is a possibility I may require further treatments to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home care, I will consult the esthetician.

I have, to the best of knowledge, given an accurate account of my medical history, including all known allergies, current prescription drugs, or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions there were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name Printed

Client Signature

Date

Esthetician Signature

Date

I understand there are some risks with any procedure. The following are possible reactions with Micro-needling: temporary bruising, skin discomfort during injections, redness or swelling, lightening or darkening of the skin, itching and burning. Skin infection is a possibility at any time an injection or surgical procedure is done. Side effects are most times temporary and typically resolve within 3 days. Total healing time depends on the depth of the treatment, skin type, and skin condition. Some patients may heal within 24 hours.

By my signature, I certify that I have thoroughly read and understand the contents of this form. The disclosures listed above were made to me. I acknowledge that no promises or guarantees have been made to me as a result of the treatment.

I am aware that the results achieved by this treatment may vary from person to person. Some patients typically notice an immediate glow, but visible improvements will take about 2-4 week and can continue for up to 6 months. I have read potential risks have been explained to me and I accept them.

I hereby give my voluntary consent to have this treatment performed on me.

Signature _____

Date _____