



Consent to Receive Microneedling

Purpose & Background

Microneedling is a procedure performed with a pen-like device that contains a sterile, single use tip that has very thin and small needles.

The tiny needles make many micro perforations in the skin, which cause your skin to produce more collagen and elastin, and as the perforations close the skin tightens.

The purpose of this consent form is to make you aware of the nature of the procedure and its risks so that you may decide if you would like to move forward with the treatment.

Cannot do treatment if:

- You are pregnant or breast-feeding
- You have herpes, active cold sores, psoriasis, warts, raised moles, sunburn, or an active skin infection the day of treatment
- You have been taking Accutane in the last six months
- You are diabetic
- You are on prescription blood thinners such as Coumadin
- You have had laser, waxing or chemical peel in the last week

Prior to treatment

It is best to discontinue retinol products 72 hours before procedure

Let the practitioner know if you are prone to cold sores around the mouth, as microneedling treatments in that area can stimulate a cold sore to develop

Risks

Needle marks, swelling, itching, bruising, tenderness, infection

What to expect

Day 1- Pink to red. Feels and looks like a sunburn. Degree of redness depends on skin type and how aggressive of a treatment was performed. Skin will feel more dry and tighter than normal.

Day 2 - Pink can persist, may be some noticeable swelling, may be blotchy in appearance.

Day 3 - May have some very slight pink color remaining. Swelling is subsiding.

Can apply mineral make up 12 hours after treatment.

Exercise should be avoided for at least the first 24 hours after treatment.

(Continued on back)

Most patients are pleased with the results of microneedling, however, like other cosmetic procedures, satisfaction is not guaranteed. There is no guarantee that wrinkles and/or folds will disappear completely, or that additional treatments will not be required to achieve the final result.

Consent

Benefits and risks of the procedure have been explained to me including alternative treatments. I accept these benefits and risks. By signing this document, you hereby grant authority to your Licensed Clinical Esthetician to perform micro needling using a Dermapen™.

I have read this consent and certify that I understand its contents in full. I have had enough time to consider the information from my Licensed Clinical Esthetician and feel that I am sufficiently advised to consent to this procedure. I hereby agree to all of the above and agree to have Dermapen™ performed. I further agree to follow all pre/post-treatment care instructions as directed, and I have adhered to all protocols prior to treatment today. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with a Licensed Clinical Esthetician.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.

Patient Name (please print): _____ **Date of Birth:** _____

Patient Signature: _____ **Date:** _____

Email Address (if you would like to be notified of specials, promotions, and events) _____

Witness Name (please print): _____

Witness Signature: _____ **Date:** _____