

Microneedling Consent

The SkinPen microneedling system is used to stimulate self repair of the skin by creating micro injuries which triggers new collagen synthesis. Collagen synthesis results in younger, smoother, and firmer looking skin. The SkinPen microneedling system is used in a safe manner with sterile microneedling needle tips.

Side Effects:

After the procedure, the skin will appear red and flushed. This redness will decrease significantly in a few hours after the treatment and will almost be completely gone in 24 hours. Skin tightness and mild sensitivity to the touch may also occur. After 3 days the skin will return to normal or near normal appearance.

Contraindications:

- Keloid scares
- Eczema history
- Psoriasis
- Actinic Keratosis
- History of Herpes infections
- History of diabetes
- Raised moles or warts in the treatment area
- Allergy to stainless steel or anesthetics

Severe Contraindications:

- Scleroderma
- Collagen vascular disease
- Cardiac abnormalities
- Blood clots
- Active bacterial or fungal infection
- Immunosuppression
- Scars less than 6 months old
- Pregnant or lactating women

Patient Consent: Please initial each line

_____ I do not have any contraindications listed above. I understand it is my responsibility to update the office staff on any medical changes, including contraindications listed above prior to subsequent treatment initiation.

_____ I understand results vary, microneedling treatments are not permanent, and additional treatments may be needed in the future due to natural degradation. I understand that even though good results are expected, the possibility of complications cannot be anticipated.

_____ I understand I may experience some degree of swelling following my treatment. However, if I experience any of the following, I will contact the office immediately: Pus looking drainage, Increased warmth at the treatment area, or Fever of 101.5 or greater.

_____ I understand compliance with pre-and post care instructions is critical for success and to prevent unnecessary side effects or complications.

_____ I understand that microneedle therapy requires payment. I understand the payment structure. No guarantees of results can be made for any degree of improvement of my particular condition. I understand that no refunds for any treatment can be given.

_____ The procedure, advantages, disadvantages, and side effects have been explained to me. I have read and understand all of the information presented to me. I have been given an opportunity to ask any questions about the treatment and they have been answered to my satisfaction. I understand the microneedling therapy and accept the risks. I agree to the terms of this agreement.

Signature: _____

Date: _____