

CONSENT FOR MICRO-NEEDLING TREATMENT

I, _____, give my consent for _____ Aesthetician,
(Client Name) (Technician Name)

to perform the following elective cosmetic procedure upon me: MICRO-NEEDLING.

I elect to have the above procedure performed and understand the above procedure is for cosmetic purposes only – NOT for health reasons. The nature of the procedure has been explained to me, and no guarantee has been made to me concerning the results of the procedure. I am advised that though good results are expected, complications cannot be anticipated and therefore, no guarantee can be either expressed or implied as a result of the procedure.

1. I, understand that Micro-Needling will be used to treat Acne scars, Wrinkles and/or for Lift & Firming of the skin. I have been examined by my physician and have been cleared for this procedure.
2. Any and all follow-up treatment (if necessary) needs to be scheduled with a licensed medical provider to determine if additional treatments are necessary.
3. I understand that most patients look as though they have a moderate to severe sunburn and skin may feel warm and tighter than usual. Most patients usually recover within 24 hours or less. Because the device may penetrate the skin, there can be a risk of infection, if this occurs a follow up appointment will be required for further treatment.
4. Micro-needling may not be used directly on any of the below conditions. I have disclosed any of the health concerns below that apply to me:

<ul style="list-style-type: none"> • Open sores or lesions • Any stage of skin cancer • Any type of skin infections • Active or Severe Rosacea 	<ul style="list-style-type: none"> • Raised Surface / Keloids • Eczema • Active Acne 	<ul style="list-style-type: none"> • Broken or irritated skin, including conditions such as hives or dermatitis
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5. I have received the Micro-Needling pre and post treatment home-care information sheet AND completed a Skin Assessment form:
6. I have had sufficient opportunity to discuss my condition and treatment with the technician, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the proposed procedure.
7. Photographs of average results have been shown to me. I understand that they in no way represent a warranty or guarantee as to the final outcome of the procedure. I understand that photography is important in planning and evaluating the procedure, and I give my permission to photograph my _____ and to use these photographs in teaching others about the procedure.

Patient Signature: _____

Provider Signature: _____