

# Microneedling Consent Form

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Flawless Esthetics Med Spa LLC

Microneedling procedures allow for controlled induction of the skin's self-repair mechanism by creating micro-"injuries" in the skin, which triggers new collagen synthesis. The result is smoother, younger-looking skin.

Microneedling procedures are preformed in a safe and precise manner with the use of the sterile needle head. The procedure is normally completed within 60 mins, depending on the required procedure and anatomical site.

### Contraindications

Microneedling is contraindicated for patients with:

Keloid scars

Scleroderma

Collagen Vascular Disease

Cardiac Abnormalities

A Hemorrhagic disorder

Haemostatic Dysfunction

Active Bacterial or Fungal Infection

Pregnant or Nursing, as studies have not been evaluated with nursing mothers

**Signing this form, indicates you do not have any of the above mentioned diseases or afflictions.**

In addition to the listed contraindications other precautions and warnings include clients with dermatologist/MD diagnosed eczema, psoriasis, rosacea or any other chronic conditions; a history of actinic keratosis, herpes simplex infections, or clients on immunosuppressive therapy as studies and trials have not been tested with these patients. Different sides effects may occur other than what is discussed within your consultation. Redness, tenderness, flakiness, tightness, feeling of a mild sunburn, and dryness. These can be expected for up to the first 72 hours post treatment.

Signing this form I understand that results will vary among individuals. I understand that although I may see a change after my first procedure, I may require a series of sessions to obtain my desired outcome. The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of the complications cannot be accurately anticipated, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the procedure. I am aware that microneedling procedure is not permanent and natural degradation may occur over time.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

This consent is valid upon my signature, for all procedures within a series, If I receive multiple.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

