



MICRO-NEEDLING CONSENT

The information provided in this consent form should be followed by all patients receiving a micro-needling treatment. You will be asked to sign this form acknowledging that you have read and understood the information contained within.

DESCRIPTION OF PROCEDURE: Micro-needling allows for stimulation of the skin's self-repair mechanisms that contribute to collagen and elastic production by creating micro-"injuries" in the skin by a sterile needle head causing thousands of these controlled micro-"injuries" per second. The result is smoother, plumper, more youthful-looking skin. Micro-needling has also been shown to reduce the visibility of fine lines and wrinkles, minimize pore size, reduce acne scarring, diminish hyperpigmentation and improve skin tone, texture and radiance. The procedure typically takes 40-60 minutes, depending on the required procedure and goals. The skin is cleansed, prepped, a numbing cream is applied for 10-15 minutes and the procedure takes a quick 15-20 minutes to complete.

SIDE EFFECTS: After the procedure, it is normal for your skin to appear red and flushed, similar to a sunburn, and have some swelling, bruising or peeling, and to feel itchiness, tightness and sensitivity. Although these symptoms may take 2-3 days to resolve, they will diminish significantly within a few hours of treatment and the redness will fade and skin tone return to normal.

CONTRAINDICATIONS: Although it is not possible to predict every potential risk and complication, the following are recognized as known contraindications or conditions to micro-needling. If you have any of the below conditions, please inform the treating esthetician PRIOR to signing the consent form and having the procedure, and also before any future treatments.

Contraindications include:

- Diabetes or wound-healing deficiencies
- Chemotherapy or radiation treatment
- Immunosuppressive drugs or therapy
- Active or history of eczema, psoriasis, dermatitis, rosacea
- Cold sores or history of herpes simplex infections
- Cystic acne
- Accutane therapy within past year
- Scleroderma
- Sunburn
- Warts
- Collagen vascular lesions or diseases
- Keloid scars or tendency to keloid
- Active infection of any type (bacterial, viral or fungal)
- Hemophilia or bleeding disorders
- Pregnancy or breastfeeding
- Recent chemical peel, laser or other skin care treatment

RISKS WITH TREATMENT: Although complications are rare, as this is a minimally invasive procedure, you should discuss any concerns you have with your esthetician or attending healthcare provider. Risks may include:

Infection – Although very unusual, should a fever or infection occur post-treatment, please contact the office to seek follow-up care.

Pigment/color change – Failure to follow post-treatment instructions can put you at risk for hyperpigmentation. It is important you try to avoid excessive sun exposure maintaining cover and wearing the proper sunscreen as recommended by your treating esthetician as much as possible for 1-2 weeks after treatment. Avoid picking or peeling the skin during healing.



Discomfort or pain – You may notice tingling or stinging similar to a sunburn, scratchiness or irritated sensations. This is temporary. If you have any concerns or questions post-treatment, please contact the treating esthetician.

Cold sores – Inform the esthetician if you have a history of herpetic breakouts, or cold sores as the treatment may trigger a breakout and you may require an oral medication like Valtrex or Lysine.

TWO WEEKS PRIOR TO TREATMENT HAVE COMPLETED OR STOP:

- Any facial filler
- Chemical peel or facial treatment
- Electrolysis
- Laser hair removal
- Waxing
- Depilatory creams
- Sunburn or prolonged exposure to the sun
- NSAIDs or blood thinners

ONE WEEK BEFORE STOP USING: Tretinoin or Retin-A, Refissa/Renova, EpiDuo, Differin (Adapalene 0.1%), Tazorac, MetroGel or any other prescription or over-the-counter topical exfoliants or other products that may dry or irritate the skin or may include Retinol, AHA, BHA (Exfoderm, Exfoderm Forte), acid-based products or benzoyl peroxide, any scrubs or other manual exfoliating methods

FOLLOWING TREATMENT:

- No working out that day
- No makeup for 24 hours
- Avoid excessive sun exposure or use proper sunscreen/cover

SKIN CARE FOLLOWING MICRONEEDLING: For the first 5 days AM and PM, use

- Gentle Wash: Foaming Gel or Gentle Cleanser
- Toner
- Pea-size mixture of the SkinFuse LIFT HA Serum and RESCUE Calming Complex
- Pump of Dermal Repair Cream (DRC)
- Sunscreen: MD Solar Sciences or Obagi zinc-oxide based sunscreen
- **Reapply SkinFuse creams, DRC & sunscreen 3-4 times a day or as skin feels tight or irritated.

On day 5 post-treatment start to reintroduce your current skin care regiment by adding your Obagi Vitamin C, Clear and moisturizer as tolerated (or other “non-active or exfoliating” skin care products. After a week, add back in your Exfoderm/Exfoderm Forte, Blender/Tretinoin and Clarisonic (as tolerated).

If you do not have Obagi products, follow the above directions for the first 5 days, then in the days following add back in your skin care products as tolerated. After a week, slowly add back in exfoliants.



MICRONEEDLING PATIENT CONSENT: Results vary among individuals. Microneedling is designed to improve the texture and appearance of your skin. Depending on your goals, you may need a series of sessions to obtain your desired outcome. Most individuals require a series of 3-4 monthly treatments (scarring 4-6 treatments) and a follow-up procedure to maintain every 3-6 months. The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages. I am advised that good results are expected, and the possibility of complications cannot be fully anticipated, therefore there can be no guarantee as expressed or implied as the success or other result of the procedure. I am aware that micro-needling is not permanent and natural skin degradation will occur over time, and future treatments may be advised. I have read and understand this consent and I understand the information contained within. I have had the opportunity to ask questions and acknowledge that my questions have been answered in a satisfactory manner.

Patient Print Name Signature Date/Phone # to be reached

Esthetician Print Name Signature Date