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WELLNESS & MEDICAL SPA

Platelet Rich Plasma (PRP) SkinPen Microneedling Facial Consent Form:

128 Princeton Rd. Ste. #3

Johnson City, TN 37601

(423)410-0072

office@niecyswellnessandmedicalspsa.com

NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) - ____ - _____ EMAIL _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT # _____

REFERRED BY: _____ REASON FOR APPT _____

Purpose of Treatment and General Information (Platelet Rich Plasma will be referred to as PRP throughout the duration of this form)

The use of PRP SkinPen microneedling is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Clearance from medical primary care doctor is required before PRP SkinPen microneedling treatment at Niecy's Wellness and Medical Spa. Niecy's Wellness and Medical Spa assumes no responsibility for customers choosing to treat themselves.

The use of PRP SkinPen microneedling is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor or medical professional. PRP SkinPen microneedling is NOT a substitute for any conventional medication or medical condition. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have any questions about PRP Skinpen microneedling, or possible contraindications, please consult with your physician or health professional.

PLEASE ANSWER THE FOLLOWING QUESTION

- Pregnant or breast-feeding Y/N
- Currently have any open wounds of skin infections (face) Y/N
- Have used Accutane or similar medications within the last twelve months Y/N



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- Have an active sunburn Y/N
- Have open wounds or a skin infection Y/N
- Have active cold sores in treatment area Y/N
- Have had radiation treatment in treatment area within the last year Y/N
- Have malignancies or suspected malignancies of the skin Y/N
- Taking anti-coagulants or have blood clotting disorders Y/N
- Have an autoimmune disease causing delayed wound healing, including: HIV/AIDs, Lupus, Scleroderma, etc. have a history of keloid scars or delayed wound healing Y/N

Medical

History: _____

Current Medication:

Allergies: _____

What Is Microneedling With PRP:

Microneedling is a procedure that uses very small needles to pierce tiny punctures into your skin at a depth determined by your treatment provider for your skin's unique and specific needs. PRP is then introduced topically to you skin and penetrates through the micro-channels the microneedling procedure created. Microneedling creates micro-injuries to your skin that initiates a healing cascade with collagen and elastin production. PRP utilizes your own platelet rich plasma to enhance and amplify the healing process by releasing enzymes to promote healing response and also by attracting cells to repair the damaged area. As a result of this treatment, new collagen will develop that once matured, will shrink causing tightening and strengthening of the repaired area.

What to Expect During Treatment

Your treatment provider will begin by thoroughly cleansing your skin and will then apply a topical numbing medication 30-60 minutes prior to beginning treatment. While the numbing process takes effect, your blood will be drawn and spun through a centrifuge to obtain the PRP needed for treatment. During treatment, the microneedling device is gently pressed against the treatment area to create numerous, tiny, microchannels that will deliver PRP into the dermal layers, which encourages collagen growth and tissue tightening. The microneedles promote a wound healing cascade and encourages collagen production. Microneedles also help to mechanically break down any existing scar tissue. The procedure may feel like light sandpaper moving across your face during treatment and may cause some minor discomfort. Duration of treatment is dependent upon treatment location, but the average treatment is around 60 minutes. Minor redness, skin dryness, and skin tightness are common side effects after treatment. There is no expected downtime with PRP Microneedling and most clients are able to resume normal activities immediately following treatment. Multiple treatments may be needed to achieve desired results; maintenance treatments may be necessary to maintain desired results.

Alternative Treatments:



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Alternative forms of non-surgical and surgical treatment consist of: No treatment whatsoever, surgical facelift, surgical skin excision, dermaplaning, laser treatments, dermal fillers, local muscle relaxer (Botox, Dysport, Xeomin), prescription creams, and/or chemical peels. Every procedure will involve a certain amount of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your treatment provider in order to make an informed decision.

The possible side effects and risks of PRP Microneedle Treatment include, but are not limited to:

- **General Side Effects:** I understand there is a risk of swelling, discomfort, pinpoint bleeding, local numbness, pain at the treatment site, bruising, allergic reaction, damage to deeper structures, or irritation of the skin that may occur.
- **Infection:** Although rare, if an infection occurs as a result of treatment, additional treatment including antibiotics, or an additional procedure may be necessary.
- **Bleeding/Bruising:** It is possible, though unusual, to have minor pinpoint bleeding during treatment. Bruising in soft tissues may occur. Should you develop post-treatment blood clot or bleeding, you may require emergency treatment or surgery. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba, and other "herbs / homeopathic remedies" may contribute to a greater risk of a bleeding problem. Do not take these for ten days before or after your Microneedle treatment.
- **Skin Redness, Itchiness, Flaking/Crusting, and Tightness:** Redness of the treated area is common and may occur; redness may resemble a sun-burn and typically resolves within 1 week. Skin may also feel warm, tight, and itchy, but this will normally resolve within 12-48 hours. Skin flaking or minor dryness may occur with scab formation in rare instances. It is important that you not pick or scratch any scabbing or crusting areas, as this may lead to permanent scars or promote an infection. If scabbing occurs, please call your treatment provider for advisement.
- **Damage to Deeper Structures:** Deeper body structures such as nerves, blood vessels, glands, and muscles may be inadvertently damaged during aesthetic treatments. The potential for this to occur varies according to where the treatment is being performed and the treatment type. Injury to deeper structures may be temporary or permanent.
- **Scarring:** Scarring is a rare occurrence but is a possibility when the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions provided by your healthcare staff
- **Swelling:** Swelling of the treated area is not common but may occur; swelling typically resolves within a few days.
- **Discomfort:** You may experience some discomfort during and after your treatment.
- **Allergic Reactions and/or Contact Dermatitis:** Allergies to topical local anaesthetic preparations and/or sensitivities to metals used in the Microneedle Device may occur. If you experience an allergic reaction, you may require additional treatment. Potential increased sensitivity, irritation/itching, or allergic reaction of the skin due to skin surface disruption.
- **Skin Lightening/Darkening and Freckle Lightening:** There is a possibility of the treatment area becoming lighter or darker than the surrounding skin. This is usually temporary, but on rare occasions, may become permanent. Utilizing appropriate sun protection in the form of hats, SPF, and limiting exposure to tanning



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beds and direct sunlight can help minimize the risk of skin pigment changes. Existing freckles may become lighter in treatment area and may permanently disappear.

- Dilated Pores: Although rare, widening of existing pores may occur due to collagen contraction that occurs as part of the resurfacing process which may become permanent.
- Milia and/or Acne: Ointments that occlude hair follicles, sweat ducts, or sebaceous ducts may lead to milia/acne formation. This is more common in patients with a history of cystic acne or oily skin.

I have read and understand possible risks, side effects, and complications. Initials: _____

This list is not meant to be inclusive of all possible risks associated with PRP Microneedling treatments, as there are both known- and unknown- side effects associated with any medication or procedure.

CONTRINDICATIONS:

- Pregnant or breastfeeding
- Have used Accutane or similar medications within the last twelve months
- Have an active sunburn
- Have open wounds or a skin infection
- Have active cold sores in treatment area
- Have had radiation treatment in treatment area within the last year
- Have malignancies or suspected malignancies of the skin
- Taking anti-coagulants or have blood clotting disorders
- Have an autoimmune disease causing delayed wound healing, including: HIV/AIDs, Lupus, Scleroderma, etc. have a history of keloid scars or delayed wound healing

PRE-TREATMENT CARE ACKNOWLEDGMENT

- Discontinued use of any isotretinoin products like Accutane for the past 6 months.
- Waited 1 week after anti-wrinkle injections and 2 weeks after dermal filler injections to have PRP Microneedling.
- Not used depilatory cream, wax, or shaved treatment area for 48 hours prior to treatment
- Discontinued the use of anti-inflammatory drugs 3-7 days prior to your treatment. This includes steroidal and nonsteroidal drugs including, but not limited to: Aspirin, Motrin, and Ibuprofen.
- Discontinued the use of any other blood thinning agents such as: Vitamin E, Vitamin A, Ginkgo Biloba, Garlic, Flax Oil, Cod Liver Oil, Essential Fatty Acids (EFAs and DHAs) etc. at least 3 days to 1 week before and after treatment to minimize bruising and bleeding.
- Not used systemic or corticosteroids within the last 2 weeks prior to treatment. Please consult your prescribing physician prior to discontinuing the use of these medications.
- Taken prophylactic anti-viral medication 3 days prior to treatment if you are prone to herpes outbreaks more than 4 times per year in the area of treatment, including cold sores around the mouth.

I have read and followed pre-treatment advisement and care instructions: Initials: _____

MULTIPLE TREATMENTS

To achieve desired results, you may require multiple additional PRP Microneedling treatments at intervals as determined by your treatment provider in conjunction with your personal treatment plan.



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I have read and understand I may require future treatments to maintain results. Initials: _____

MAINTAINING RESULTS

For continuing results, you may require additional PRP Microneedling treatments at intervals as determined by your treatment provider in conjunction with your personal treatment plan.

I have read and understand I may require future treatments to maintain results. Initials: _____

NO GURANTEE OF RESULTS

In some situations, it may not be possible to achieve optimal results. It is also possible that PRP Microneedling treatments may fail to produce the desired results in the targeted areas. Should complications occur, additional or other treatments may be necessary.

I have read and understand results are not guaranteed. Initials: _____

Cancellation Policy: Must cancel appointment at least 24 hours before scheduled appointment. Failure to do so will result in payment of deposit.

BY SIGNING THIS WAIVER I AGREE THAT:

- 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 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 PRP 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.
- I have had the opportunity to ask any questions about the procedure including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner. This consent form is valid until all, or part is revoked by me in writing.
- I understand the PRP SkinPen procedure, and I accept the risks, and possible side effects of the treatment.
- I understand that I may experience some redness, flushing, dryness, sensitivity, and tightness after procedure.
- I grant Niecy's Wellness and Medical Spa permission to perform PRP SkinPen microneedling, and I do not hold them responsible for any adverse health reactions.
- I will make Niecy's Wellness and Medical Spa aware of any changes to my medical history before every subsequent treatment.
- I acknowledge that this consent will cover this treatment as well as subsequent treatments I may have.



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- At Niecy's Wellness and Medical Spa, we ask that you obtain primary care physician clearance before any treatment

PLEASE REVIEW THE FOLLOWING IMPORTANT INSTRUCTIONS PRIOR TO YOUR SCHEDULED APPOINTMENT

STOP TAKING/USING/DOING PRIOR TO APPOINTMENT

- 6 MONTHS: ACCUTANE
- 2 WEEKS: LASER TREATMENTS, BOTOX/NEUROTOXINS/DERMAL FILLERS, SUN BATHING/TANNING, CHEMICAL PEELS, MICRODERMABRASION
- 5-7 DAYS: ASPIRIN, STERIODS, BLOOD THINNERS, ANTI-PLATLETS, WAXING/DEPILATORY, ELECTROLYSIS, RETIN-A & TOPICAL MEDS
- 2-3 DAYS: IBUPROFEN, ALEVE/ADVIL, ANANCIN, NSAIDS
- 24 HOURS CIGARETTES, ALCOHOL, NIACIN
- DAY OF: NO SHAVING/WAXING TREATMENT AREAS. DO NOT APPLY ANY MAKE UP, LOTION, OIL, PERFUME, OR SUNSCREEN TO TREATMENT AREA

PLEASE REVIEW THE FOLLOWING IMPORTANT INSTRUCTIONS PRIOR TO YOUR SCHEDULED APPOINTMENT

DO NOT STOP USE OF ANY MEDICATION PRIOR TO CLEARANCE FROM PRIAMRY CARE PROVIDER

STOP TAKING/USING/DOING PRIOR TO APPOINTMENT

- 6 MONTHS: ACCUTANE
- 2 WEEKS: LASER TREATMENTS, BOTOX/NEUROTOXINS/DERMAL FILLERS, SUN BATHING/TANNING, CHEMICAL PEELS, MICRODERMABRASION
- 5-7 DAYS: ASPIRIN, STERIODS, BLOOD THINNERS, ANTI-PLATLETS, WAXING/DEPILATORY, ELECTROLYSIS, RETIN-A & TOPICAL MEDS
- 2-3 DAYS: IBUPROFEN, ALEVE/ADVIL, ANANCIN, NSAIDS
- 24 HOURS CIGARETTES, ALCOHOL, NIACIN
- DAY OF: NO SHAVING/WAXING TREATMENT AREAS. DO NOT APPLY ANY MAKE UP, LOTION, OIL, PERFUME, OR SUNSCREEN TO TREATMENT AREA
- Do NOT take/use Arnica cream or capsules, anti-inflammatory medications, Ibuprofen, Advil, Motrin, etc. or other NSAIDs for 1-week post-treatment, as it may interfere with the natural

inflammatory process critical to your skin rejuvenation results.

- Do NOT have dermal fillers, botox/neurotoxin, laser, IPL, or waxing in treatment area for 2 weeks after treatment.
- Do NOT engage in strenuous exercise that can cause sweating, jacuzzi, sauna or steam baths for 24 hours due to open pores, or up to 48 hours if inflammation/swelling is present. You can return to work 1 day after treatment.
- Do NOT wash your face or apply makeup, lotions, or other topical products for at least the first 24 hours after treatment.

PLEASE DO



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- Plan to avoid strenuous exercises that can cause sweating, jacuzzi, sauna or steam baths for 24 hours due to open pores, or up to 48 hours if inflammation/swelling is present. You can return to work 1 day after treatment.
- Cleanse face/treatment area prior to your procedure and do not wear make-up, moisturizers, lotion, oil, perfume, or sunscreen to treatment area.
- If you have a history of cold sores, please take your prescribed antiviral treatment for 2 days prior to, and day of, treatment.
- Wear a button down or zipper front shirt and comfortable, loose clothing if you will be having body treatments.
- You will not be under general sedation during your treatment. You can take an anxiolytic to relax during the procedure, if needed. Please ask your provider to prescribe an anxiolytic for you prior to your appointment. If you will be taking medications that will sedate you, please arrange for someone to drive you home following the procedure.
- Expect to experience tenderness, redness, warmth, skin flaking, and some swelling to treatment area for 1-7 days.
- Understand that multiple treatments may be necessary to achieve desired results.
- Reschedule if a rash, open sore/wound, sunburn, or blemish develops in treatment area.

If you're planning to attend an event, please schedule treatment at least 1 week prior to ensure adequate time for redness to dissipate.

- Gently wash the treated area daily with cool water and gentle cleanser and pat to dry for 5-7 days the day after procedure
- Cold compresses may be used 20 minutes on 20 minutes off to reduce swelling 2-3x per day during the 1st 1-2 days if needed.
- Understand it is not uncommon to experience the following for the next 1-5 days: redness, peeling, pinpoint bruising, mild inflammation, soreness, and mild swelling. If you experience an increase in these symptoms after the first 72 hours. Please call the office for a follow-up. You may apply cold compresses, take acetaminophen (Tylenol), and sleep elevated to help reduce swelling or discomfort.
- Avoid prolonged exposure to sunlight/heat/UV for the first 2 weeks; use sunscreen daily on face as soon as inflammation has subsided.
- **Optional dietary recommendations: Eat fresh pineapple, tart cherry juice, salmon, bone broth based soups, and consider taking a collagen 1 & 3 supplement for 2 weeks to optimize healing.**

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 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. I have had the opportunity to ask any questions about the procedure including risks or



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alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner. This consent form is valid until all or part is revoked by me in writing.

ADDITIONAL INFORMATION

Please expect redness, peeling, warmth, pinpoint bruising, peeling, or swelling for one to three days after treatment. Redness for 3-5 days is a common side effect. Results: Elastin and collagen building takes place over 4-6 weeks after treatment, with optimal results seen at 3-6 months after last treatment. Facial Treatments: it is recommended to have a minimum of 3-6 treatments to achieve desired results. Each treatment should be 4-6 weeks apart for maximum benefit. Once desired results are achieved, a maintenance treatment should be done every 3 to 4 months to maintain results. An outbreak of acne may occur, especially in those with history of oily skin or cystic acne.

LIMITATION OF LIABILITY: You agree, acknowledge, and voluntarily assume the risk of injury, accident or death which may arise from the use of a hot tub/sauna. I and any of my heirs, executors, representatives, or assigns hereby release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of Platelet Rich Plasma SkinPen Microneedling and from any advice provided by an employee, independent contractor, or any representative. I agree that this disclaimer and consent is in effect for all Platelet Rich Plasma sessions and will not expire unless specifically requested by either party. I understand that if any new health conditions and/or medication changes are made, I will consult with my primary care doctor to be cleared again before further use. I further understand that the employees and practitioners at Niecy's Wellness and Medical Spa are not medical doctors and are not attempting to portray or conduct the activities of a medical doctor. I have carefully read the above safety instructions for using Platelet Rich Plasma SkinPen Microneedling. I fully understand them and fully agree to comply with instructions. I will consult with the staff of Niecy's Wellness and Medical Spa if I have further questions.

NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

If under the age of 18- PARENT GUARDIAN

SIGNATURE: _____ DATE: _____

PRACTITIONER NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

MEDICAL DIRECTOR NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____