**Enhanced Aesthetics by Jaalah**

Nano Skin Needling Consent Form

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received a consultation with an Aesthetician and I consent to the treatment of Nano Skin Needling to be carried out upon myself. I understand that I am required to have photographs taken before and after treatment for my medical records.

1. I acknowledge that I have not used Accutane or any medication for the same purpose during the last 6 months.
2. I acknowledge that if I have ever had a cold sore or fever blister, I have informed the practitioner and should consider taking an anti-viral medication to help avoid a possible outbreak. The medication should be used two days before, and two days after any aggressive facial exfoliation treatment.
3. I acknowledge that there is no guarantee that dark discoloration of skin will be reduced or fade. Pigmentation may improve or darken with successive treatments. I acknowledge the need for a proper at home skin care regimen.
4. I acknowledge that my skin may experience temporary irritation, tightness, and redness.
5. I acknowledge that if I fail to use minimal sunscreen (SPF 30), I am more susceptible to sunburn, skin damage, and hyperpigmentation.
6. I acknowledge that this treatment is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied. Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

I understand my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent and fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability, Faces by Jaalah LLC, DBA Enhanced Aesthetics by Jaalah, or any of its officers, directors, or employees for any condition or result, known or unknown, that may arise as a result of any treatment that I receive.

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Patient Signature Date