

RF MICRONEEDLING INFORMED CONSENT

RF microneedling produces more dramatic results than traditional microneedling or radiofrequency treatments alone, as the combination of the two technologies boosts their effectiveness. Microneedles allow precise delivery of radiofrequency energy into the dermal layer of skin, where collagen-producing cells reside, while the radiofrequency energy increases the level of controlled damage the microneedles inflict.

I _____ (Print Name) hereby authorize my Service Provider to perform RF Microneedling Therapy.

Please read ALL of the following statements carefully and initial on each line to indicate your understanding and acceptance:

_____ I understand that this procedure is purely elective.

_____ I am over the age of 18, if not I have a Parent/Guardian signature below.

_____ I understand possible side effects include and are not limited to: slight or extreme redness, histamine reaction, swelling, stinging, itchy, tender, dry or flaking skin. In rare instances, hyperpigmentation/hypopigmentation, scarring, or infection can occur. I UNDERSTAND THAT I SHOULD ONLY APPLY PRODUCTS RECOMMENDED BY MY SERVICE PROVIDER POST TREATMENT.

_____ Improvement of the skin may also be accomplished by other treatments. Options include laser skin surface treatments, chemical peels, microdermabrasion, and facials. Other options not mentioned here may exist. Risk and potential complications are associated with alternative treatments. Most side effects will gradually diminish over time as healing may take several days. Notify your clinician if any side effects cause extreme discomfort or any unexpected problems occur immediately.

_____ I have avoided the following products/procedures THREE DAYS prior to treatment:
*Topical prescriptions including but not limited to Retin-A, Tretinoin, Differin, Tazorac
*Abrasive scrubs or other exfoliating products

_____ I have not had any cosmetic injections within the last TWO WEEKS.

_____ I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that every precaution will be taken to prevent complications and that complications from this procedure are rare, they can and sometimes do occur.

_____ 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. Multiple treatments may be necessary to achieve optimal results.

ACKNOWLEDGMENT: BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS RF MICRONEEDLING CONSENT FORM AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Print Name: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years of age)

Service Provider's Signature _____ Date: _____