 Microneedling Informed Consent

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Jennifer Alarcon of Bombshell Beauty & Brow Studio to perform the microneedling procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I understand they will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions as much as possible. I understand that microneedling is the use of an individual cartridge of needles, penetrating to the dermis of the skin tissue to the maximum depth of 2.5mm to stimulate collagen and elastin response for the treatment of deep-rooted issues such as; facial scarring, acne, deep lines and wrinkles, hyperpigmentation, skin discoloration and uneven skin tone. Microneedling is not promoted for the use during active acne breakouts or anyone prone to acne and /or cold sores and fever blisters. I have given an accurate account of any over the counter or prescription medications that I use regularly and am not presently using any topical medications such as, but not limited to, prescription level Retin-A, Renova, Tazorac, or Trentinoin. I have not had any facial surgical procedures or other chemical peels or skin treatments that I have not disclosed to my therapist. I am not ingesting or using topically any other over the counter product or prescription medication/agent that has not been disclosed to my therapist. I am not presently pregnant or lactating and am over the age of eighteen (18). I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn, or broken skin I have not recently waxed or used a depilatory (such as Nair) on the area to be treated. I do not have a history of keloid scarring, excessive telangiectasia, rosacea, bacterial skin infections, fungal infections, viral infections, open lesions or rashes, active acne, any auto immune disease, or any other existing condition that may interfere with the positive outcome of this treatment. My expectations are realistic and I understand that the results are not guaranteed. I agree that I am willing to follow the recommendations by my esthetician for clinical grade products for home use. I will be responsible for the following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I acknowledge that I have been informed of the possible negative reactions and the expected sequence of the healing process (dryness, irritation, redness, and peeling) In the event that I may have additional questions or concerns regarding my treatment or suggested home product/ post-treatment care, I will consult my therapist immediately. I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my therapist.

Yes\_\_\_ No\_\_\_

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aesthetician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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