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DERMAL MICRONEEDLING CONSENT FORM

Name: _____ Date of Birth _____

INTRODUCTION TO MICRONEEDLING & THE DERMAPEN

The concept of Microneedling is based on the skin's natural ability to repair itself when it suffers physical damage such as cuts, burns, abrasions or other injuries. Immediately after an injury to the skin, our body begins the healing process, triggering new collagen synthesis. The DERMAPEN is a Microneedling device that intentionally creates very superficial "micro-injuries" to the outermost layer of the skin to induce the healing process that includes new collagen production. Microneedling has been shown to reduce the visibility of acne scars, fine lines, and wrinkles; diminish hyper-pigmentation; and improve skin tone and texture, resulting in smoother, firmer, younger looking skin.

ABOUT THE PROCEDURE

Microneedling is performed using DERMAPEN. The DERMAPEN Microneedling procedure is performed in a safe and precise manner with a single-use, sterile needle head. The treatment session usually takes about 30-60 minutes, depending on the area(s) being treated. Throughout the procedure, activating agents will be applied to stimulate rejuvenation process. Then a hydrating facial mask will be applied for hydration. After the procedure, your skin will be red with mild swelling and/or bruising, and it might feel tight and sensitive to the touch. Although these symptoms may take 2-3 days to resolve completely, they will diminish significantly within a few hours after treatment.

RISKS OF MICRONEEDLING

Although the majority of patients do not experience any complications with Microneedling, it is important you understand that risks do exist. The Microneedling procedure is minimally invasive and uses a set of microneedles to inflict multiple, tiny, punctures/lacerations to the outermost layer of the skin. Because microneedling penetrates the skin, it inherently carries health risks, including but not limited to those listed below. You should discuss any and all health concerns with your esthetician or attending healthcare provider PRIOR to signing this consent form.

INFECTION – Infection is very unusual. However, viral, bacterial, and fungal infections can occur any time the integrity of the skin is compromised. Should infection occur, you must contact or return to our office immediately, as additional treatment will likely be necessary.

PIGMENT/COLOR CHANGE (hyperpigmentation) – Because the dermal penetration associated with microneedling is so superficial, it doesn't extend into the layer of the skin containing melanocytes, hyperpigmentation is very rare. However, failure to follow post-treatment instructions can put you at risk for hyperpigmentation. You **MUST** avoid sun exposure for 1 to 2 weeks after a microneedling treatment. You should also wear a daily SPF facial moisturizer, which your practitioner can recommend. Lastly, avoid picking and/or peeling the skin during the healing period.

SCARRING – Although normal healing after the procedure is expected, abnormal scars may occur in both the skin and deeper tissues. In rare cases, thickened or keloid scars may result, especially if you



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are prone to keloid scarring anyway. Scars may be unattractive and of different color than surrounding skin. Additional treatments may be needed to treat scarring.

PAIN – There may be a very slight burning, scratchy, and irritated sensation to the skin. This is usually temporary and is gone within a few hours after treatment. A sudden reappearance of redness or pain is a sign of infection, and you should notify our office immediately.

PERSISTENT REDNESS, ITCHING, AND/OR SWELLING – Itching, redness, and swelling are normal parts of the healing process. These symptoms rarely persist longer than 24 hours. However, treatments received less than 4 weeks apart may induce prolonged symptoms.

ALLERGIC REACTION – Microneedling is performed with a device whose head contains 12 sterile, hypodermic needles, which makes an allergic reaction nearly impossible. However, in conjunction with the Microneedling procedure a variety of products may be used on the face; those products could cause an allergic reaction. Additionally, since Microneedling increases the penetration of topical substances, it could cause you to become hypersensitive to products used on the face. If an allergic reaction were to occur, you must contact our office immediately, as it may require further treatment.

LACK OF PERMANENT RESULT – Microneedling will not completely or permanently improve skin texture, tone, elasticity, hyperpigmentation, or scars, or minimize fine lines and wrinkles. It is important that your expectations be realistic and you understand that the procedure has its limitations. Additional procedures may be necessary to achieve your desired effect.

UNSATISFACTORY RESULT – Although rare from Microneedling, there is a possibility of a poor result from any cosmetic procedure. Microneedling may induce undesirable results, including but not limited to skin sloughing, scarring, permanent pigment change, and/or other undesirable skin changes. There is always a possibility that you may be disappointed with the final results of Microneedling.

CONTRAINDICATIONS TO MICRONEEDLING

Although it is impossible to list every potential risk and complication, the following are recognized as known contraindications to Microneedling. Furthermore, it is your responsibility to fully and accurately disclose all medical history prior to initial treatment, as well as to provide any necessary updates at all future treatment sessions. If you have any of the conditions listed below, you should bring it to the attention of your esthetician or healthcare provider PRIOR to signing this consent form.

- Active acne
- Active infection of any type (bacterial, viral, or fungal)
- Blood thinner medications
- Cardiac disease/abnormalities
- Hemophilia / bleeding disorders
- Hormone Replacement Therapy
- Keloid/hypertrophic scarring
- Raised lesions (moles, warts, etc.)
- Scleroderma
- Skin Cancer
- Sunburn
- Tattoos



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- Chemotherapy or radiation
- Collagen Vascular Disease
- Eczema, Psoriasis, or Dermatitis
- Recent chemical peel procedure
- Recent use of some topical Rx.
- Rosacea
- Telangiectasia/erythema
- Uncontrolled diabetes
- Vascular lesions (hemangiomas)

ACKNOWLEDGEMENT

My signature below acknowledges that I have read and understand the content of this informed consent document. I have been given ample opportunity to ask questions, all of which have been answered in a satisfactory manner. I understand that results can vary and that no guarantee, neither expressed nor implied, has been or will be given to me regarding my results. I'm aware of the risks and benefits associated with the DERMAPEN Microneedling procedure, as well as available alternative treatments. I understand that Microneedling is an elective procedure performed solely for cosmetic purposes and is not critical to my health. Of my own free will, I am requesting and providing my informed consent to undergo DERMAPEN Microneedling treatment(s) at R&R Medical Wellness. I assume all risks as my own and agree to hold harmless, R&R Medical Wellness, its providers, estheticians, and any other staff members, affiliates, and independent contractors. I hereby release them from any liability, both seen and unforeseen, now and forever.

Patient Name (Printed)

Patient Signature

Date

Parent/Guardian Name (Printed)

Parent/Guardian Co-Signature

Date