126 E Lincoln Hwy
Schererville, IN 46375
www.therejuvenationhouse.com

Microneedling Informed Consent

I, _____ hereby give my consent to undergo Collagen Induction Therapy (Microneedling) treatments provided by _____ (Medical Esthetician or Medical Provider) at The Rejuvenation House Medi-Spa, LLC.

I understand this technique involves the introduction of fine needles through the skin. The purpose is to create microchannels in the skin allowing the infusion of active ingredients (such as vitamin C, hyaluronic acid , platelet rich plasma and others) to penetrate deeply and effectively into the dermis, nourishing the skin and stimulating the regrowth of collagen. A series of 4 to 6 treatments are recommended and the frequency will depend on the intensity and depth of the needle.
I understand that the treatments require many small injections on the area(s) to be treated. I understand that the administration of numbing creams may be used if deemed needed.
Microneedling

RELATIVE CONTRAINDICATIONS as follows: 1) Keloid or raised scarring 2) History of eczema, psoriasis and other chronic conditions 3) History of actinic (solar) keratosis 4) History of herpes simplex infections 5) History of diabetes 6) Presence of raised moles, warts or any raised lesions on targeted area
Microneedling

ABSOLUTE CONTRAINDICATIONS as follows: 1) Scleroderma 2) Collagen vascular disease 3) Cardiac abnormalities (i.e. valvular diseases, etc) 4) Rosacea 5) Blood-clotting problems 6) Active bacterial or fungal or herpes simplex infections 7) Immunosuppression (medication-induced or disease) 8) Scars less than 6 months old 9) Pregnant or breast feeding 10) Have used Accutane (isotretinoin) within the last year 11) Have open wounds, cuts or abrasions on the skin 12)Have had radiation treatment to the skin within the last year

I understand that there are some risks with any procedure. The following are possible reactions with Microneedling: temporary bruising, skin discomfort during injections, redness or swelling, lightening or darkening of the skin, itching and burning. Skin infection is a possibility any time an injection or surgical procedure is done. Side effects are most of the time temporary and typically resolve within 3 days. Total healing time depends on the depth of the treatment, skin type, and skin condition, and some patients may heal completely in 24 hours.

By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me. I acknowledge that no promises or guarantees have been made to me as a result of the treatment. I am aware that the results achieved by this treatment may vary from person to person. Some patients typically notice an immediate glow, but visible improvement will take about 2-4 weeks and can continue for up to 6 months.
I have read potential risks have been explained to me and I accept them.
I hereby give my voluntarily consent to have this treatment perform on me.

Patient Signature _____ Date_____