

Client Informed Consent

SecretPRO Treatment

I hereby authorize **Pure Aesthetica** to perform the **Secret PRO** treatment on me. It may take multiple treatments to obtain optimal results, and it is possible the results will be minimal or not help at all. The results may be temporary or permanent and there is no way to predict how long the results will last. Although these devices are effective in most cases, no guarantees can be made.

CO2 Fractionated Laser treatment: Ablative skin resurfacing treatment using CO2 laser energy to stimulate neocollagenesis for skin revitalization and to target photodamaged skin, uneven texture, wrinkles, scars and crepey skin.

RF Microneedling treatment: The SecretPRO RF Microneedles smoothly penetrate the skin, delivering energy at various depths in the epidermis and dermis to induce collagen regeneration while sparing the skin's surface. SecretPRO RF Microneedling can be used to improve skin quality by reducing signs of photo aging and photodamage, fine lines, wrinkles, stretch marks¹ and scars/acne scars².

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT/PAIN** – Some discomfort and/or pain may be experienced during treatment. A topical anesthetic will be applied to your skin before treatment. Some residual pain (“sunburn feeling”) also typically lasts a few days post-treatment.
- **REDNESS** – Redness (erythema) of the treated area is common and may occur.
- **SWELLING** – Swelling (edema) of the treated area is common and may occur.
- **CRUSTING/PEELING** – During the healing period, a protective layer may form in the treatment area. The treatment area may also feel rough or like “sandpaper.” Do not remove or scratch it.
- **MILIA/ACNE** – Ointments that occlude hair follicles, sweat ducts, or sebaceous ducts may lead to milia/acne formation. This is more common in patients with a history of cystic acne or oily skin.
- **SKIN COLOR CHANGES** – During the healing process, there is a possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent. **You should avoid sun exposure after the treatment and use sunblock.**
- **WOUNDS** – Treatment can result in burning, blistering, or bleeding of the treated areas. It is important you not pick or scratch the sites as this may lead to permanent scars or promote an infection.
- **CONTACT/ALLERGIC DERMATITIS OR SKIN SENSITIVITY** – Potential increased sensitivity, irritation/itching or allergic reaction of the skin due to skin surface disruption.
- **INFECTION** – Infection is a possibility whenever the skin surface is disrupted which can lead to scarring. Proper wound care and keeping the treated area clean are important. If signs of infection develop, such as pain, heat, blisters, or surrounding redness, please call our office.
- **SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions.
- **TREATMENT PATTERN** – A persistent spot size pattern may be apparent on the treated skin, usually resolves. In rare cases, may be permanent.
- **PETECHIAE** – May appear for several weeks after healing and clear without treatment.
- **DILATED PORES** – Collagen contraction that occurs as part of the resurfacing process may also contract the skin between the pores, which widens the existing pores. This occurrence, though rare, is permanent.
- **SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING** – May increase risk of side effects and adverse events.
- **ALLERGY** – There is a risk of an allergic reaction to the topical anesthetic or the metal needles of the RF Microneedling handpiece.
- **ECTROPION** – Ectropion may very rarely occur in patients receiving a treatment inside the orbital rim.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatments
- Possible complications/risks involved with the proposed procedure and subsequent healing period
- Certain people are not candidates for this procedures (contraindicated) or are at a higher risk of complications
- All treatment contraindications, precautions and warnings have been discussed with me

By signing below, **I confirm I do not have a cardiac implant (including defibrillator/pacemaker).** Furthermore, I agree to keep Pure Aesthetica and staff informed should I have a defibrillator/pacemaker or any cardiac device implanted. I understand that the RF Microneedling procedure should not be performed on patients who have a cardiac implant (including defibrillator/pacemaker).

For women of childbearing age: By signing below **I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment.** Furthermore, I agree to keep Pure Aesthetica and staff informed should I become pregnant during the course of treatment.

Photo documentation will be taken. I hereby ___ DO ___ DO NOT authorize the use of my photographs for teaching purposes.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR THE SECRETPRO TREATMENT, AND I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY PURE AESTHETICA.

Printed Patient Name

Patient Signature

Date

Printed Practitioner Name

Practitioner Signature

Date