

## INFOMED CONSENT - Micro-Needling/SkinPen®

### DESCRIPTION OF THE PROCEDURE

Medical Micro-Needling (Micro-Needling) procedures allow for controlled induction of the skin's self-repair mechanism by creating micro-"injuries" in the skin, which triggers new collagen synthesis. The result is smoother, younger-looking skin.

Micro-Needling procedures are performed in a safe and precise manner with the use of the sterile needle head. The procedure is normally completed within 30–60 minutes, depending on the required procedure and anatomical site.

### SIDE EFFECTS

After the procedure, the skin will be red and flushed in appearance, similar to a moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on certain areas. This will diminish significantly within a few hours following the procedure. Within the next 24 hours, the skin will have returned to normal. After three days, there is rarely any evidence that the procedure has taken place.

### CONTRAINDICATIONS

Micro-Needling treatments are contraindicated for patients with: keloid scars, scleroderma, collagen vascular diseases or cardiac abnormalities, a hemorrhagic disorder or hemostatic dysfunction, active bacterial or fungal infection.

### PRECAUTIONS AND WARNINGS

Micro-Needling has not been evaluated in the following patient populations, and as such, precautions should be taken when determining whether the SkinPen® procedure is adequate for the patient: scars and stretch marks less than one year old; women who are pregnant or nursing; keloid scars; patients with history of eczema, psoriasis and other chronic conditions; patients with history of actinic (solar) keratosis; patients with history of herpes simplex infections; diabetics or patients with wound-healing deficiencies; patients on immunosuppressive therapy; and skin with presence of raised moles or

warts on targeted area. therapy; and skin with presence of raised moles or warts on targeted area.

### PATIENT CONSENT

I understand that results will vary among individuals. I understand that although I may see a change after my first procedure, I may require a series of sessions to obtain my desired outcome.

\_\_\_\_\_  
Patient Initials

The fee structure has been fully explained to me.

\_\_\_\_\_  
Patient Initials

The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages.

\_\_\_\_\_  
Patient Initials

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the procedure.

\_\_\_\_\_  
Patient Initials

I understand clinical results will vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, and my compliance with pre/post treatment instructions. I am aware that Micro-Needling procedure is not permanent and natural degradation may occur over time.

\_\_\_\_\_  
Patient Initials

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

\_\_\_\_\_  
Patient Initials

## INFORMED CONSENT - Micro-Needling/SkinPen®

I have been given the full opportunity to ask any and all questions which I might have about the procedure including risks or alternatives, and that all of my questions have been answered to my full and total satisfaction.

I authorize \_\_\_\_\_, (a licensed medical professional) to perform Micro-Needling /SkinPen® procedure on my skin, and to apply topical preparations as determined necessary.

I understand clinical results will vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, and my compliance with pre-/post-treatment instructions. I understand that Micro-Needling procedures are not permanent and natural degradation may occur over time.

I acknowledge this consent form is valid for all future Micro-Needling procedures and agree to alert my aesthetic nurse specialist at Malisse Skin Bar If there are any future changes to my medical history.

I consent to be photographed before, during, and after the procedure(s) to document the results and authorize the use of these "before & after" photographs and videos of me for education, promotion, marketing, or advertising purposes provided my identity is not revealed.

I declare I have read this Informed Consent (or it has been read to me), I understand the information contained in it including the fee structure and acknowledge I will not receive any refunds or credits for any treatment(s) or pre-paid Micro-Needling treatment packages.

I declare there are no warranties or guarantees of any kind, implied or specific about the final outcome and acknowledge that no guarantee or representation has been given by anyone as to the outcome.

I hereby release Malisse Skin Bar, its aesthetic nurse specialist and medical director, officers, members, and employees from ) from any and all claims, demands, liabilities, judgments, costs and expenses arising out of any claims relating to the procedure authorized herein.

I have no further questions and give my consent to proceed.

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Patient's Signature

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Date

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Patient's Name (Please Print)

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Malisse Skin Bar's Aesthetic Nurse Specialist