



Microneedling Patient Consent Form

Name _____ Date of Birth _____ Age _____

Address

_____ Street _____ City _____ State _____ Zip Code _____

Day/Cell Phone () - _____ - _____ Home Phone () - _____ - _____

Email (required) _____ Okay to leave message Y or N

A consent form is a legal document between a patient and the medical professional / trained esthetician who is providing a service or procedure.

DESCRIPTION OF THE PROCEDURE

Microneedling procedure 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.

Microneedling procedures are performed in a safe and precise manner with the use of the sterile needle head. The procedure is normally completed within 45 - 60 minutes, depending on the anatomical site.

SIDES EFFECTS

After the procedure, the skin will be red and flushed in appearance, similar to a moderate sunburn. You will 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

Microneedling is 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

Microneedling has not been evaluated in the following patient populations, and as such, precautions should be taken when determining whether the Microneedling procedures 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 patient with wound-healing deficiencies; patients on immunosuppressive 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.

The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages. 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. I am aware that Microneedling procedure is not permanent and natural degradation may occur over time.

I state that I have read and I understand the information contained in it.

I have had the opportunity to ask any questions about the procedure including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner.

I will not hold the physician or any member/staff/ Salon Loft responsible for any errors or omissions that I may have made in the completion of this New Patient forms. With full and clear understanding, by signing bellow, I release the technician and/physician/ Salon Loft from any and all liability associated with these procedures.



1. No guarantee can be given to me as to the condition of my skin or degree of improvement expected following my procedure(s). It is recommended that up to 3 treatments may be needed to obtain desired results.
2. I understand that multiple treatments may be needed and the use of home care products is recommended to achieve optimal results. I understand that I must follow the aftercare instructions given to me by my technician. (If applicable)
3. I am not pregnant, lactating, or trying to get pregnant. (If applicable)
4. If outdoors, I will apply broad spectrum sunscreen with SPF-30 or higher, 30 minutes prior to sun exposure and wear daily until areas treated have healed. This is after the treated areas have healed 100% 3-6 months.
5. In rare cases, allergies or sensitivities have been reported to products used during treatments (topical numbing).
6. I understand that the following are contra-indications (should not be used) for the use of Medical Needling:
 - Infected skin disorder, open cuts, wounds, abrasions
 - Patients with cardiovascular disease must have doctor's consent
 - A pacemaker is a direct contra-indication
 - Highly anxious patient
 - Epileptic – electrical currents may precipitate an attack
 - Pregnancy – electrical currents may precipitate labor
 - Sunburned or irritated skin
 - Untreated sinusitis – can cause pain in sinus area
 - Numb area without sensation
 - Diabetes – consent from physician required
 - If currently taking blood thinners
7. I understand that the following possible side effects and/or risk could occur:
 - Most people heal without any problem. However, here are some problems that you may encounter; If you are prone to fever blisters (herpes simplex) then it is recommended to get a prescription for an anti-viral such as: Zovirax, Acyclovir, or equivalent to take prior to your treatment. This is **REQUIRED**.
 - You may notice small white dots appearing on the skin. These might be simple little reaction cysts (Milia) or they could be minute infected areas. Carefully, but firmly wipe them away and apply an antibiotic lotion. It is a good idea to consult your doctor about this. Do not allow the white dots to remain on the skin, and if you are not able to remove them yourself then please let the technician know.



- If the skin becomes painful and more red, then you may have developed an infection and you must see your physician at once.
- In most cases, redness will begin to subside within 2-4 days, some cases may take longer if a more aggressive treatment is performed. Pinkness may take up to one month to fade. This is not uncommon.

8. A Non-Comedogenic (not to clog pores) moisturizer such as Cetaphil, is recommended to keep on the areas for the first 1-7 days to help expedite healing and comfort. Keep the treated areas clean. You can wash with a gentle cleanser as often as needed then re-apply moisturizer. Avoid retinols for 10 days after the procedure.

9. I understand that the treated area can remain pink for up to 1 month or sometimes longer and will gradually lighten with time. (Each patient with heal differently). No sun until the pinkness subsides.

10. STAY OUT OF DIRECT SUN UNTIL THE AREAS HAVE COMPLETELY HEALED. (3-6 months)

I have read and understand the contents of this consent.

This consent form is valid until all or part is revoked by me in writing.

Patient Signature _____

Date _____

Flor Henk: _____

Date _____