

## Client Consent Form

### Description of the Procedure:

Skin needling allows the induction of the skin's self repair mechanism by creating micro "injuries" in the skin which triggers new collagen, yet does not cause the risk of permanent scarring. This result would be firmer, smoother and younger looking skin. Skin Needling procedures are done in a clean and safe office.

This procedure is normally preformed within 30-60 minutes depending on the size of the area being treated.

### Side Effects:

If you choose the Spa Treatment, for tightening and younger more vibrant looking skin , the skin will be red , much like a sun burn. You may also experience skin tightness and mild sensitivity to touch on the area being treated. This will diminish greatly after a few hours following treatments and within the next 24 hours the skin will be completely healed. After 2 days there is barely any evidence that the procedure has taken place.

If you choose the more aggressive Medical treatment, You should expect to be at home for 3-4 days. This is where we go into all the tiny fine lines on your face to reduce wrinkles, Sun Spots, and Acne Scarring . More down time is required for this treatment. Although you may wear NEW Mineral Makeup on the 2<sup>nd</sup> day if you need to go out. For your skin to return to it's normal look, please allow 7 days.

### Contraindications:

Keloid scars: history of eczema. Psoriasis and other chronic conditions: history of actinic (solar) keratosis; history of Herpes Simplex infections: history of diabetes: presence of raised moles, warts on targeted area. Absolute contraindications include: scleroderma, collagen vascular disease or cardiac abnormalities; Blood clotting problems: active bacterial or fungal infection: immune-suppression: scars less than 6 months old. Chemo-Radiation: 6 months out; Be off RetinA 2 weeks; Not recommended for women who are pregnant or nursing.

### Client Consent:

I understand that results will vary between individuals. I understand that although I may see a change after my first treatment, 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 and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that this treatment is not permanent as natural degradation will occur over time.

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

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

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

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_