Micro-needling Consent for Treatment

I __________________________ hereby give my consent to undergo Collagen Induction Therapy (Micro-needling) treatments provided by __________________________ (Medical Aesthetician at The Aesthetic and Wellness Center).

I understand this technique involves the introduction of fine needles through the skin. The purpose is to create micro-channels in the skin allowing the infusion of active ingredients (such as vitamin C, hyaluronic acid 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.

Micro-needling is not suitable in these circumstances:

- Have used Accutane (isotretinoin) within the last year.
- Have open wounds, cuts or abrasions on the skin
- Have had radiation treatment to the skin within the last year
- Have any kind of current skin infection, condition, herpes simplex in the area to be treated
- Are pregnant or breast feeding
- Have any history of keloid or hypertrophic scars or poor wound healing

I understand that there are some risks with any procedure. The following are possible reactions with Micro-needling: 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
Micro-needling & Needle Free Skin Infusion Therapy Pre-Treatment Instructions

Preparing Skin:

1. Use Cellular turnover treatment daily at bedtime for 2 weeks. Discontinue application one week prior to treatment.

2. Apply Vitamin C serum at bedtime for two to three weeks.

3. Avoid sun exposure or tanning bed at least 4 weeks prior to treatment and during treatment process.

4. Do not exercise the day before or for 48 hours after the injection treatment.

5. Avoid caffeine containing food or beverages day of treatment.

6. Avoid medications such as: Aleve, Advil, cold remedies, Vitamin E or aspirin 5 days prior to treatment.

7. Avoid Retin-A, chemical peels, injectable fillers or Botox 2 weeks prior to treatment.

8. Use a sun block with an SPF 30+ with UVA/UVB Broad Spectrum protection.

9. Start Arnica 3 days prior to treatment as directed.

10. Apply topical anesthetic cream 1 hour prior to procedure and reapply if necessary.

11. Day of treatment wear comfortable clothing. Your top should button or zip rather than pull over the head.

11. Notify medical aesthetician if you get cold sores. You will require an anti-viral prescription to avoid any breakout after treatments.

12. If you have open cuts, wounds, abrasions or during acne or cold sores breakouts, we cannot perform the procedure.

13. Eat a healthy diet, whole food vitamins and daily omega 3 fish oil. It is also advisable to take 1000 mg of vitamin C and 2000 iu. of vitamin D3. This ensures an increase in vitamins internally and externally and will greatly aid in the healing process.

14. Drink 8 glasses of water/non-caloric fluids per day.

Patient Signature ___________________________ Date ___________________________

R. 10/15
Collagen Induction Therapy / Micro-needling Post-Treatment Instructions

What to be expected:

- **Day 1**: Skin will be erythematous and flushed after treatment, depending on the intense of the treatment. Pinpoint bleeding may occur. Do not apply makeup for at least 12 hours.
- **Day 2**: A red or pink hue persists like moderate sunburn. Swelling and slight bruising may be more noticeable on the second day. Minor scratches may be visible. Apply moisturizer as needed.
- **Day 3**: Skin can be pink or normal color. Swelling subsides. The skin can feel dry or feel tight. A slight outbreak of acne or milia (tiny white bumps) is possible. Light peeling usually occurs in about three days and will be replaced with brand new skin.

Home Care:

1. Wash with a gentle cleanser using your fingers only. Gently massage the face with lukewarm water. Remove serum and other debris such as dried blood. Do not scrub, use a wash cloth or a Clarisonic brush. Cleanse areas treated twice a day. Do not use exfoliating products for 72 hours.

2. Cold compresses may be applied following treatment for comfort. If neck or décolletage are treated, the redness might last slightly longer.

3. Apply 1% Hydrocortisone cream or Benadryl spray or gel on treated areas to reduce itching or redness.

4. Continue taking Arnica Montana up to 7 days after each treatment to decrease bruising and inflammation.

5. Do not exercise for 24 hours after treatment.

6. Avoid saunas, steam rooms, hot baths or showers until redness is gone.

7. Continue to avoid sun exposure to the treatment areas and apply a broad spectrum sunblock with SPF minimum of 30. Apply it at least 30 minutes prior to sun exposure and repeat after every two hours of sun exposure.

8. After 2-3 days patients can return to regular skin care products or as soon as it is comfortable to do so. Mineral makeup may be applied the following day.

9. Avoid strenuous exercise for two to three days after treatment.

10. Avoid waxing, facials, botox, injectable fillers or any other skin care treatment two weeks after treatment.

11. New cell regeneration requires at least 6-8 8 oz. glasses of water a day (if you already drink that- increase by 2 glasses)

12. If skin becomes painful, swollen, red or inflamed, please notify us immediately at **941-749-0741** as this may represent an infection or allergic reaction that may require treatment.

Patient Signature ___________________________ Date ___________________________
Please indicate areas of concern:

- Forehead
- Frown lines
- Freckles and pigmentation
- Crow's feet
- Blood vessels
- Dark circles
- Scarring
- Nasolabial folds (Nose-to-mouth lines)
- Oral commisures (Corner-of-the-mouth lines)
- Vertical lip lines (smokers' lines)
- Larger pores, poor skin texture, & fine lines
- Marionette lines (Mouth-to-chin lines)
- Lips: Definition and/or Fullness