



Client Information

Name _____ Date of Birth ____/____/____

Address _____
Street City State Zip Code

Cell Phone _____ Home Phone _____ Email _____

Area(s) Treated:

Face Full Perioral Under Eyes Around Eyes Lips

Other _____

Skin Needling Consent Form

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 three (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 after-care instructions given to me by my technician. (If applicable)
3. I am not pregnant, lactating, or attempting to get pregnant. (If applicable)
4. If outdoors, I will apply broad spectrum sunscreen with SPF-30, thirty (30) minutes prior to sun exposure and wear daily until areas treated have healed.
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 areas without sensation



7. I understand that the following possible side effects and/or risks could occur:
 - If you are prone to fever blisters (herpes simplex) then it is recommended to get a prescription for Zovirax, Acyclovir, or equivalent to take prior to your treatment. This is **REQUIRED**.
 - You might 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 about 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. Aquaphor, A & D, or other moisturizer needs to be kept in the areas treated for the first day to help expedite the healing. Keep treated area clean.
9. I understand that the areas treated can remain pink for up to one (1) month and will gradually lighten with time. (Each patient will heal differently).
10. **STAY OUT OF DIRECT SUN UNTIL THE AREAS HAVE COMPLETELY HEALED.**

I have read and understand the contents of this consent form.

Patient/Guardian Name (Please print) _____

Patient/Guardian Signature _____ Date _____

Technician Signature _____ Date _____