



## SkinPen Consent Form

### **Description of the procedure:**

Microneedling treatment allows for controlled induction of the skin's self-repair mechanism by creating micro-"injuries" in the skin, which triggers new collagen synthesis, yet does not pose the risk of permanent scarring. The result is smoother, firmer and younger-looking skin.

### **Side Effects:**

After the procedure, the skin will be red and flushed in appearance in a similar way to moderate sunburn. 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 three days there is barely any evidence that the procedure has taken place.

### **Contraindications:**

Microneedling treatment is contraindicated for patients with keloid scars, scleroderma, collagen vascular disease or cardiac abnormalities, a hemorrhagic disorder or haemostatic dysfunction, active bacterial or fungal infection.

### **Precautions and Warnings:**

Microneedling treatment has not been evaluate in the following populations, as such, precautions should be taken when determining whether to treat: 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) 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 or targeted area.



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I understand that results will vary among 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 microneedling 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 I 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.

***Given the above, I, \_\_\_\_\_ understand that response to treatment varies on an individual basis and that specific results are not guaranteed. I also agree to hold harmless and release from any liability Image ReNu as well as any officers, directors or employees of the above companies for any condition or result, know or unknown that may arise as a result of any treatment I receive.***

***I understand that all treatments are non-refundable.***

***I have read and understood all information presented to me before signing this consent.***

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_