



Microneedling Consent Form

You have the right to be informed so you can make the decision to the the Microneedling Skin Treatment, fully understanding the risks and benefits involved.

I acknowledge that I have been informed that this treatment is intended to diminish the appearance of fine lines, improve texture and pore size, increase tone and diminish the appearance of brown spots as well as improve dull looking skin. _____(Initial)

I acknowledge that I was asked to discontinue use of Retin A, Retinols, Vitamin A creams and other topic medications for 3-5 days before my microneedling treatment. _____(Initial)

I understand that Microneedling is not an exact science and no promise has been made to me as to the exact extent of improvement in my skin. Consistency in a series of treatments will give me the best results. _____(Initial)

Microneedling is intended to be used on the skin of the face, neck, and chest area and scalp. I understand that my skin may feel tight, as when exposed to wind or sun. Most side effects are short term and subside with 48-72 hours. There is a possibility of redness, swelling, bruising, stinging, and dry or flaking skin, or lightening or darkening of the skin. Anytime the skin barrier is broken, there is an increased risk of infection. _____(Initial)

I understand it is my obligation to follow the post treatment instructions in the method described to me by my licensed Acupuncturist. My skin after the treatment will be sensitive. I will adhere to the post treatment guidelines given to me. It needs to be protected from the sun with sunscreen and a SPF of 30 or greater. _____(Initial)

I understand this treatment is not refundable. _____(Initial)

I consent to photos to compare before and after results. _____(Initial)

I will inform my practitioner if there is a change in my medical condition or my medications prior to the beginning of each session. _____(Initial)

I consent to Microneedling Treatment.

Client Signature

Date

