BEAUTY SECRETS SPA
by Belen

MICRONEEDLE TREATMENT CONSENT FORM

Full Name: _____

Address: _____

Cellphone: _____ Email: _____

Skin Specialist: _____

Spa Location: _____

Treatment Options: [ ] MICRONEEDLE

Microneedling is used to treat and improve conditions like acne scarring, fine lines and wrinkles, loose skin, skin texture, pore size, brown spots, stretch marks, and pigment issues.

I hereby authorize Cosmetic Surgery Associates or any delegated associates to perform Microneedling Therapy (Collagen Induction Therapy). I understand that this procedure is purely elective.

What to Expect:

- Depending on the area of your face or body being treated and the type of device used (i.e. needle length), the procedure is well-tolerated and, in some cases, virtually painless, feeling only a mild prickling sensation.
- Your practitioner will apply a topical anesthetic to your skin prior to treatment to reduce any pain and discomfort.
- Your skin will be pink or red in appearance, much like a sunburn, for a couple of hours following treatment.
- Minor bleeding and bruising are possible depending on the length of the needle used and the number of times it is pressed across the treatment area.
- Your skin may feel warm, tight, and itchy for a short while. This should subside in 12-48 hours.

Possible Side-Effects:

- Side effects or risks are minimal with this type of treatment and typically include minor flaking or dryness of the skin with scab formation in rare cases.
- Milia (small white bumps) may form; these can be removed by the practitioner.
- Hyper-pigmentation (darkening of certain areas of the skin) can occur very rarely and usually resolves after a month.
- If you have a history of cold sores, this procedure may cause flare ups.
- Temporary redness and mild-sunburn effects may last up to 4 days.

- Freckles may temporarily lighten or permanently disappear in treated areas.
- Other potential risks include: crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result. Permanent scarring (less than 1%) is extremely rare.

The benefits and risks of the procedure have been explained to me, and I accept these benefits and risks. The nature of my medical or cosmetic condition has been explained to my satisfaction as have been any substantial or significant risks of harm. I am also aware of and accept the risk of rare and unforeseen complications which may not have been discussed and which may result from this treatment.

I have had the opportunity to ask questions and seek clarification of this procedure and its alternatives including no treatment and my questions have been answered satisfactorily.

I understand the following contraindications listed below and will notify my provider if any of the following apply to me:

- Active infections - viral, fungal,
- bacterial
- Rashes, warts, skin cancer
- Active acne
- Immune-suppressed patients
- Skin-related autoimmune disorders
- Pregnant or breast-feeding
- Patients on anticoagulants (NSAIDS,
- ASA, Coumadin/Warfarin)
- Recent ablative dermal procedures
- Rosacea
- Diabetes
- Actinic (solar) keratosis
- Keloids

Treatment Agreement:

In addition to the above, by signing this consent, I understand and agree as follows:

I undertake to inform at all times about my state of health to the skin specialist. According to this, I declare that I have not omitted any changes of medical history. If I undergo any changes during treatment, I will let the skin specialist know, so that timely measures can be taken. Hereby declare that I am the one who requesting the Microneedle treatment and that it was not the person in charge of performing it who convinced me of receiving the Microneedle Treatment. I certify that I have read all the information and accept its contents. I certify that I have had the opportunity to ask about every aspect that I didn't understand at the beginning and I received timely explanations. I understand all the information about the treatment and procedure. If the client is a minor, I, legal guardian for minor, consent to treatment is done and confirm what was stated above.

I understand that all treatments are non-refundable, and a $35 deposit is required to schedule the first appointment, which will be credited towards the treatment. Any appointment missed,

late cancelled, or changed without 48-hour notice will result in a charge equal to the $35.00 deposit meaning that it will not be credited towards the treatment. In addition, I understand that I am required to pay 50% of the full treatment cost after my first appointment.

Date _____ of _____20_____

CLIENT SIGNATURE: _____