



CONSENT FOR MICRONEEDLING TREATMENT

Name:

Date of Birth:

INTRODUCTION TO MICRONEEDLING & EXCEED

The concept of microneedling is based on the skin's natural ability to repair itself when it suffers physical damage such as cuts, burns, abrasions or other injuries. Immediately after an injury to the skin, our body begins the healing process, triggering new collagen synthesis -Percutaneous Collagen Induction(PCI)

The micro-needling device that intentionally creates very superficial "micro-injuries" to the outermost layer of the skin to induce the healing process that includes new collagen production. Micro-needling has been shown to reduce the visibility of acne scars, fine lines, and wrinkles; diminish hyper-pigmentation; and improve skin tone and texture, resulting in smoother, firmer, younger looking skin.

ABOUT THE PROCEDURE

Microneedling is performed using a microneedling device which is the world's first microneedling device with double FDA-Clearance treatment for both facial wrinkles and facial acne scar reduction. The Amiea med EXCEED does exactly what the name suggests: it exceeds all expectations and technology of every other microneedling device on the market today. Backed by rigorous clinical studies, it has been proven to significantly improve the appearance of facial acne scars as well as wrinkles, skin texture, and laxity with as few as four treatments.

The procedure is performed in a safe and precise manner with a single-use, sterile needle head. Local anesthetic such as Lidocaine will be applied prior to the procedure to reduce discomfort. The treatment session usually takes about 60-90 minutes, depending on the area(s) being treated. Throughout the procedure, activating agents like Hyaluronic acid, PRP will be applied to stimulate rejuvenation process. PRP, or platelet rich plasma, is concentrated with platelets from your own blood. Platelets are a naturally occurring substance in your blood that plays an essential role in clotting. As a concentrated source of autologous platelets, PRP contains several growth factors and other cytokines that stimulate healing of bone and soft tissue.

PRP has been used in orthopedics for decades and more recently it has been used for aesthetic purposes PRP has been shown to have overall rejuvenating effects. Results are generally visible at three weeks and continue to improve gradually over the next three to six months.

Generally, three to four initial treatments are advised, however, more may be indicated for some individuals. Then a hydrating facial mask will be applied for hydration. After the procedure, your skin will be red with mild swelling and/or bruising, and it might feel tight and sensitive to the touch. Although these symptoms may take 2-3 days to resolve completely, they will diminish significantly within a few hours after treatment.

DESCRIPTION OF PRP:

Vial (s) of blood are taken from your arm which is typically more than normally taken for routine blood tests. The blood is then placed in a vial and spun in a centrifuge to separate the red blood cells and plasma.

The process concentrates the platelet count to 3 times normal. This platelet rich plasma is then applied on the face as a gliding agent with the intention of causing regeneration. PRP causes a mild inflammation that triggers the healing cascade. As the platelets organize in the clot they release a number of enzymes to promote healing and tissue responses including attracting stem cells to repair the damaged area. The full procedure takes approximately one hour to ninety minutes.

RISKS OF MICRONEEDLING

Although the majority of patients do not experience any complications with micro-needling, it is important you understand that risks do exist. The micro-needling procedure is minimally invasive and uses a set of microneedles to inflict multiple, tiny, punctures/lacerations to the outermost layer of the skin. Because microneedling penetrates the skin, it inherently carries health risks, including but not limited to those listed below. You should discuss any and all health concerns with the attending physician provider PRIOR to signing this consent form.

INFECTION - Infection is very unusual. However, viral, bacterial, and fungal infections can occur any time the integrity of the skin is compromised. Should infection occur, you must contact or return to our office immediately, as additional treatment will likely be necessary.

PIGMENT/COLOR CHANGE (hyperpigmentation/hypopigmentation)- Because the dermal penetration associated with micro-needling is so superficial it doesn't extend into the layer of the skin containing melanocytes, hyperpigmentation is very rare. However, failure to follow post-treatment instructions can put you at risk for hyperpigmentation. You MUST avoid sun exposure for 1 to 2 weeks after a microneedling treatment. You should also wear a daily SPF facial moisturizer, which your practitioner can recommend. Lastly, avoid picking and/or peeling the skin during the healing period. Loss of pigmented lesions such as freckles may give the appearance of loss of pigment. If change of color occurs it might take 2-6mo to resolve

SCARRING - Although normal healing after the procedure is expected, abnormal scars may occur in both the skin and deeper tissues. In rare cases, thickened or keloid scars may result, especially if you are prone to keloid scarring anyway. Scars may be unattractive and of different color than surrounding skin. Additional treatments may be needed to treat scarring.

PAIN - There may be a very slight burning, scratchy, and irritated sensation to the skin. This is usually temporary and is gone within a few hours after treatment. A sudden reappearance of redness or pain may be a sign of infection, and you should notify our office immediately.

PERSISTENT REDNESS, ITCHING, AND/OR SWELLING - Itching, redness, and swelling are normal parts of the healing process. These symptoms rarely persist longer than 24 hours. However, treatments received less than 4 weeks apart may induce prolonged symptoms.



ALLERGIC REACTION – Microneedling is performed with a device whose head contains 6 sterile, hypodermic needles, which makes an allergic reaction nearly impossible. However, in conjunction with the microneedling procedure a variety of products may be used on the face; those products could cause an allergic reaction. Additionally, since microneedling increases the penetration of topical substances, it could cause you to become hypersensitive to products used on the face. If an allergic reaction were to occur, you must contact our office immediately, as it may require further treatment.

LACK OF PERMANENT RESULT – Microneedling will not completely or permanently improve skin texture, tone, elasticity, hyperpigmentation, or scars, or minimize fine lines and wrinkles. It is important that your expectations be realistic and you understand that the procedure has its limitations. Additional procedures may be necessary to achieve your desired effect.

UNSATISFACTORY RESULT – Although rare from micro-needling, there is a possibility of a poor result from any cosmetic procedure. Microneedling may induce undesirable results, including but not limited to skin sloughing, scarring, permanent pigment change, and/or other undesirable skin changes. There is always a possibility that you may be disappointed with the final results of micro-needling.

CONTRAINDICATIONS TO MICRONEEDLING - Although it is impossible to list every potential risk and complication, the following are recognized as known contraindications to microneedling. Furthermore, it is your responsibility to fully and accurately disclose all medical history prior to initial treatment, as well as to provide any necessary updates at all future treatment sessions. If you have any of the conditions listed below, you should bring it to the attention of your esthetician or healthcare provider PRIOR to signing this consent form.

- | | | |
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| <input type="checkbox"/> Active acne | <input type="checkbox"/> Keloid/hypertrophic scarring | <input type="checkbox"/> Collagen Vascular Disease |
| <input type="checkbox"/> Hemophilia / bleeding disorders | <input type="checkbox"/> Sunburn | <input type="checkbox"/> Recent use of some topical Rx. |
| <input type="checkbox"/> Scleroderma | <input type="checkbox"/> Cardiac disease/abnormalities | <input type="checkbox"/> Uncontrolled diabetes |
| <input type="checkbox"/> Active infection of any type (bacterial, viral, or fungal) | <input type="checkbox"/> Raised lesions (moles, warts, etc.) | <input type="checkbox"/> Eczema, Psoriasis, or Dermatitis |
| <input type="checkbox"/> Hormone Replacement Therapy | <input type="checkbox"/> Chemotherapy or radiation | <input type="checkbox"/> Rosacea Vascular lesions (hemangiomas) |
| <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Recent chemical peel procedure | |
| <input type="checkbox"/> Blood thinner medications | <input type="checkbox"/> Telangiectasia/erythema | |

_____ I have no allergies to anything that I am aware of.

_____ I understand that I must verbally inform the provider of any concerns, use of medication (including aspirin or other pain medications) or medical conditions I have before receiving Microneedling procedures even though it is noted on the medical history form.

_____ I understand that if I do have a medical condition or any allergies that would contraindicate the Microneedling procedure, the provider can make a decision to ensure my safety and refuse doing any Microneedling procedures on my behalf.

_____ I am not under the influence of alcohol, drugs or any other substances.

_____ I release Dr. Mihaela Enescu, and representatives of all claims for injury seen or unseen that may occur as a result of this _____ procedure. I understand that no promise has been made to me as to the final result of the procedure I have consented to undergo.

_____ There are possible risks involved, and these have been explained to me prior to having the treatment and I understand them.

_____ I have been given the opportunity to address all of my questions and concerns about the risks, hazards and aftercare for the procedure(s) that will be performed with my consent.

_____ Although noticeable results may be obtained with a single Microneedling treatment; the greatest improvement will be seen after a series of four to six consecutive procedures.

My signature below acknowledges that I have read and understand the content of this informed consent document. I have been given ample opportunity to ask questions, all of which have been answered in a satisfactory manner.

I understand that results can vary and that no guarantee, neither expressed nor implied, has been or will be given to me regarding my results.

I'm aware of the risks and benefits associated with the Micro-needling procedure, as well as available alternative treatments. I understand that microneedling is an elective procedure performed solely for cosmetic purposes and is not critical to my health. Of my own free will, I am requesting and providing my informed consent to undergo Microneedling treatment(s) I assume all risks as my own and agree to hold harmless, Skinfinity Medical, Dr.Mihaela Enescu and any other staff members, affiliates, and independent contractors. I hereby release them from any liability, both seen and unforeseen, now and forever. I grant Dr. Mihaela Enescu the right to use any photographs, testimonials, or other information that I knowingly provide for promotional purposes

Name:

Signature:

Date:

Treatment Provider (print name)

Signature: