

**Microneedling Skin Treatment Informed Consent**

Microneedling allows for controlled induction of the skin's self-repair mechanism by creating micro "injuries" in the skin that trigger new collagen synthesis, yet do not pose the risk of permanent scarring. The result is smoother, firmer and younger-looking skin. Microneedling procedures are performed in a safe and precise manner with the use of a sterile microneedle head. The procedure is normally completed within 30 – 60 minutes, depending on the required treatment and anatomical site.

After the procedure, the skin will be red and flushed in appearance, similar to moderate sunburn. You may also experience skin tightness, mild bruising 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, most visible erythema (redness) will be gone, though this may take longer in some individuals. You are advised to avoid direct sun exposure to the recently treated area and to use sunscreen that is SPF 30 or higher.

**Contraindications**

Microneedling is not recommended for those with:

- Keloid scars;
- A history of eczema, psoriasis and other chronic conditions;
- A history of actinic (solar) keratosis;
- A history of herpes simplex infections;
- A history of diabetes; or
- The presence of raised moles or warts on the targeted area.

**Absolute contraindications**

Absolute contraindications include:

- Scleroderma;
- Collagen vascular diseases or cardiac abnormalities;
- Blood clotting problems;
- An active bacterial or fungal infection; or
- Immunosuppression.

Microneedling is not recommended for woman who are pregnant or nursing.

Results will vary between 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 such as receiving no treatment, as have the advantages and disadvantages. I have been advised that although 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 as to either the success or another result of the treatment. I am aware that the microneedling treatment is not permanent, as natural degradation will occur over time.

I state that I have read this consent, or it has been read to me, 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.

Patient Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_