

Clearly Aesthetics

MICRONEEDLING CONSENT FORM

Procedure Description:

Fractional microneedling or Collagen Induction Therapy (CIT) uses tiny needles to pierce the skin in a controlled and precise pattern. These microscopic injuries in the top layer of the skin stimulate the body's natural healing process resulting in increased elastin and collagen production. This process works to tighten, lift and rejuvenate the skin giving a smoother, firmer, younger looking appearance. It is effective in reducing fine lines and wrinkles, sun damage and pigmentation, stretch marks, surgical and acne scars. This procedure is normally completed in 30-60 minutes depending on the treatment required.

Side Effects:

After the procedure the skin will be red and flushed in appearance similar to a moderate sunburn. You will experience a feeling of tightness and possibly a mild irritation to the skin afterwards that will diminish greatly over the next few hours. It is not common but occasionally mild bruising can occur depending on the depth the needles are being used at and the client. Peeling and dry skin is common for up to a week afterwards as skin cells are turning over and new ones are surfacing. Very rarely clients will experience minimal scabbing.

Contraindications:

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

- Active infections – viral, fungal, bacterial
- Rashes on the treatment area
- Skin cancer
- Active acne
- Skin related autoimmune disorders
- Clients on blood thinners both prescription and over the counter
- Rosacea
- Recent ablative dermal procedures
- Pregnant or breast feeding

Patient Consent:

I understand that results may 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.

_____ **(initials)**

The procedure and its side effects have been explained to me. I understand the benefits and disadvantages of this procedure. _____ **(initials)**

I am advised that although good results are expected, the possibility and nature of complications cannot be accurately advised and there can be no guarantee expressed or implied to the success of the treatment. I am aware that microneedling treatment is not permanent and that natural degradation will occur over time. _____ **(initials)**

I agree that I have read (or it has been read to me), and I understand this consent form and the information contained in it. _____ **(initials)**

I have had the opportunity to ask any questions about the treatment, including risks, and I acknowledge that all of my questions about the procedure have been answered to my satisfaction. _____ **(initials)**

I understand that this procedure is purely elective. _____ **(initials)**

I _____ hereby consent to and

(Print first and last name)

authorize **Dawn Burt** of Clearly Aesthetics, LLC to perform microneedling on me.

Client Signature: _____ **Date:** _____

Technician Signature: _____ **Date:** _____