

## Microneedling RF Consent

### What is Microneedling?

Microneedling RF is a minimally invasive cosmetic procedure that is used to treat skin concerns by stimulating collagen production and tightening of the skin. This treatment creates micro-punctures in the skin using miniature sterilized needles and heat for tightening. It reduces the appearance of fine lines and wrinkles, scars, dark spots as well as improves skin elasticity. Recommended in a series of three, one month to six weeks apart, and then maintenance.

### What to expect during my treatment?

Depending on the area of your face or body being treated and the type of device used, the procedure is typically well tolerated and, in some cases, virtually painless - feeling only a mild prickling sensation. Your skin care professional 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 the 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 to 24 hours.

I clearly understand and accept the following.

1. The goal of these treatments, as in any cosmetic procedure, is improvement - not perfection. I understand my results might not be perfect, and the number of treatments necessary may vary.
2. There may be more treatments necessary than I anticipated.
3. There is no guarantee that expected or anticipated results will be achieved.
4. I understand that compliance with recommended aftercare guidelines are critical for healing and prevention of scarring or skin textural changes.
5. I understand that sun exposure should be avoided and that sunscreen with an SPF of 30 or greater should be used at all times.

While Microneedling RF and Fractional RF treatments are safe and effective for most women and men, there are some people who will not be good candidates for these types of treatments. Here is a general contraindication list that should be considered by anyone who is thinking of undergoing Microneedling RF or Fractional RF.

### Contraindications:

- Pregnancy
- Diabetes
- Accutane or any related acne medication – must be discontinued for at least 6 months prior to treatment
- Active infection or Herpes Simplex Virus (cold sores)
- Dry skin
- Any active inflammatory skin condition – eczema, psoriasis, infection, rash, dermatitis

I have completed my intake form and have, to the best of my knowledge, been truthful about my physical conditions, pregnancy, medications (both oral and topical), and my current skin care regimen. I am also aware that my lifestyle, which if it includes smoking, outdoor sun exposure, tanning beds, excessive alcohol consumption and/or recreational use of controlled substances, will affect and diminish the effectiveness and result of treatment.

I have voluntarily elected to undergo this treatment slash procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved.

I understand that many changes may occur deeper within the skin over time. When participating in a series of treatments, along with a commitment to a daily skin care regimen, noticeable differences are the outcome. You may see a reduction of fine lines, a softening of deeper wrinkles, reduction of discoloration, softening and possible reduction in scars, and an overall improvement to your skins tone and texture.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed at the time of the skin care procedure, which may be guided by the treatment form today.

Client Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Client Name (signature) \_\_\_\_\_

Skin Care Professional (signature) \_\_\_\_\_