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Informed Consent for Microneedling

Description of the Treatment

The Microneedling system allows for controlled induction of the skin's self-repair mechanism by creating micro injuries in the skin to trigger new collagen synthesis, while not posing the risk of permanent scarring. The result is smoother, firmer and younger looking skin. Skin needling treatments are performed in a safe and precise manner with sterile needle head and are normally completed within 30-60 minutes, depending on the selected area.

Side Effects

After the procedure, the skin may be red and flushed in appearance, similar to moderate sunburn. In the treatment area, skin tightness and mild sensitivity may also be experienced. These side effects will diminish within a few hours following treatment and over the next 24 hours. After 3 days, there will be little evidence that the procedure has taken place.

Contraindications

Contraindications and precautions include: keloid or raised scarring; history of eczema, psoriasis, actinic (solar) keratosis, herpes simplex infections, diabetes, and other chronic conditions; presence of raised moles, warts or any raised lesions in the target area. Absolute contraindications include: scleroderma, collagen vascular diseases or cardiac abnormalities; severe, active rosacea or blood clotting problems; active bacterial or fungal infections; immuno-suppression; scars less than 6 months old; and facial fillers used in the past 2 - 4 weeks. Treatment is not recommended for patients who are pregnant or nursing.

Patient Consent

I understand that 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. I understand the advantages and disadvantages of this procedure. I am advised: though good results are expected, the possibility and nature of complications cannot be accurately advised; therefore, there can be no guarantee as expressed or implied either to the success or other result of the treatment. I am aware that the Micro needling system treatment may not be permanent and natural degradation will occur over time.

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

I have had the opportunity to ask any questions about the treatment, including risks or alternatives, and I acknowledge that all my questions about the procedure have been answered to my satisfaction.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME, THE BELOW SIGNED PATIENT, IN WRITING:

Print Name: _____

Date: _____

Signature: _____

Physician signature: _____