

Micro-needling Consent for Treatment

I hereby give my consent to undergo Collagen Induction Therapy (Micro-needling) treatments provided by Flawless Fillers.

I understand this technique involves the introduction of fine needles through the skin. The purpose is to create micro-channels in the skin allowing the infusion of active ingredients to penetrate deeply and effectively into the dermis, nourishing the skin and stimulating the regrowth of collagen. A series of 4 to 6 treatments are recommended and the frequency will depend on the intensity and depth of the needle. I understand that the treatments require many small injections on the area(s) to be treated. I understand that the administration of numbing creams may be used if deemed needed.

Please answer the following questions:

- Yes No Have used Accutane (isotretinoin) within the last year.
- Yes No Have open wounds, cuts or abrasions on the skin
- Yes No Have had radiation treatment to the skin within the last year
- Yes No Have any kind of current skin infection, condition, herpes simplex in the area to be treated
- Yes No Are you pregnant or breast-feeding
- Yes No Have history of keloid or hypertrophic scars or poor wound healing
- Yes No Have dermal filler or Botox injections? Date _____
- Yes No Taking any anticoagulation medications? (aspirin, warfarin)
- Yes No Have you had any laser treatments (IPL, hair removal), facials, microdermabrasion recently? _____
- Yes No Have you been exposed to the sun in the past two weeks?

- Yes No Are you under the care of a physician or dermatologist?

_____ I understand that the following risks for microneedling procedure.

The following are possible reactions with Micro-needling: temporary bruising, skin discomfort during injections, redness or swelling, lightening or darkening of the skin, itching and burning. Skin infection is a possibility any time an injection or surgical procedure is done. Side effects are most of the time temporary and typically resolve within 3 days. Total healing time depends on the depth of the treatment, skin type, and skin condition, and some patients may heal completely in 24 hours.

I have truthfully and accurately disclosed all personal medical history information including but not limited to: all previous aesthetic procedures; invasive medical procedures; my use of all medications, drugs, herbs, vitamins, or other supplements of any kind; and all known allergic reactions. I understand that failure to do so may negatively affect my treatment outcome. I further understand that elective aesthetic procedures should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of.

By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me. Photographs: I give permission for my photographs to be used to help document my treatment course. Complete confidentiality will be maintained.

I acknowledge that no promises or guarantees have been made to me as a result of the treatment.

I am aware that the results achieved by this treatment may vary from person to person. Some patients typically notice an immediate glow, but visible improvement will take about 2-4 weeks and can continue for up to 6 months.

I have read potential risks have been explained to me and I accept them.

I hereby give my voluntarily consent to have this treatment perform on me.

Patient Signature _____

Date _____