



Microneedling Consent

Microneedling procedures allow for controlled induction of the skin's self-repair mechanism by creating "micro-injuries" in the skin, which triggers new collagen synthesis. The result is smoother, younger-looking skin. Results will vary among individuals and a series may be required to obtain the desired outcome with possibility of desired effects not achieved.

WHAT YOU CAN EXPECT AFTER MICRONEEDLING PROCEDURE

After the procedure, the skin will be red, with mild swelling and/or bruising, and your skin might feel tight and sensitive to the touch. Some flaking may occur. Symptoms may take 2-3 days to resolve completely, they will diminish significantly within a few hours after treatment.

RISKS OF MICRONEEDLING

- Infection – Infection is very unusual. Viral, bacterial and fungal infections can occur anytime the skin is compromised. Disinfect phones, avoid touching your face and use clean pillowcases for sleeping.
- Hyperpigmentation – Failure to follow post procedure instructions can put you at risk for hyperpigmentation. Avoid sun exposure for 1-2 weeks after micro-needling treatment. Use sunscreen daily. Lastly avoid picking and/or peeling the skin during the healing period.
- Pain – There may be a slight burning, scratchy and irritated sensation to the skin. This is temporary and will be gone by a few hours after treatment. Make sure to only use the approved products.
- Persistent Redness, Itching and /or Swelling – Itching, redness and swelling are normal parts of the healing process. Symptoms may last longer than 24 hours after treatment.
- Allergic Reaction – Microneedling is performed with a head of sterile hypodermic needles, making an allergic reaction nearly impossible. Since microneedling increases the penetration of topical substances, it can cause sensitivity to products used on the face. Use only approved products following procedure. If an allergic reaction occurs, contact our office.

PATIENT CONSENT

I have read and understand the above information and freely give my consent to undergo the microneedling procedure. I also consent to the use of medical photography to track my treatment process. I understand that this procedure is cosmetic and not covered by insurance. My questions have been answered to my complete satisfaction and I have received post procedure instructions. I accept the risks and complications of the procedure. If any concerns may arise, call our office.

Patient Signature

DATE