

MICRONEEDLING CONSENT FORM

Name:

Date of birth:

Address:

Phone number:

Email:

Please read this consent form thoroughly.

Please answer all questions.

If you have any uncertainty regarding questions, please discuss with your doctor.

I _____, hereby consent to undergo a mesotherapy/skin booster treatment by _____. I understand that Microneedling, also known as collagen induction therapy, is a minimally invasive procedure involving the use of fine needles to create hundreds of tiny, invisible puncture wounds in the top layer of the skin. This stimulates the body's natural wound healing processes, resulting in increased collagen and elastin production.

Purpose of Treatment: Mesotherapy skin boosters aim to improve skin hydration, texture, and overall appearance.

Treatment Plan: - The procedure typically takes 30-60 minutes, depending on the size of the treatment area.

- A topical numbing cream may be applied to minimize discomfort.
- The microneedling device is passed over the skin, creating controlled micro-injuries.
- Post-treatment, serums or calming treatments may be applied to enhance results.

Please answer the following questions.

1. Do you currently have an infection in the area you would like to treat?
2. Do you have known allergies or sensitivity to ingredients used in microneedling?
3. Do you currently have open wound or cuts in the area you would like to treat?

Yes	No
Y	N
Y	N
Y	N

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Pre-Procedure

- Inform your healthcare provider of any medical conditions, including skin conditions such as eczema, rosacea, or psoriasis.
- Discuss any medications you are taking, including prescription and over-the-counter medicines, vitamins, and herbal supplements.
- Avoid sun exposure and tanning beds for at least 24 hours before the procedure.
- Avoid using retinoids and other potent skincare products for several days before the procedure.

Post-Treatment Care

- Follow the post-care instructions provided by your healthcare provider.
- Avoid sun exposure and use a broad-spectrum sunscreen with at least SPF 30.
- Avoid strenuous exercise, saunas, and steam rooms for 48 hours post-treatment.
- Avoid using makeup, retinoids, and other potent skincare products for a specified period as advised by your healthcare provider.

Alternative Treatments

I acknowledge that alternative treatments or procedures may exist for achieving similar results and I have chosen mesotherapy skin boosters based on information provided to me.

Financial Responsibility

I understand that I am financially responsible for the microneedling treatment sessions as discussed with the clinic.

Patient Consent

I have read and understand the above information about microneedling. I have discussed the procedure with my healthcare provider and have had all my questions answered to my satisfaction. I understand the risks and benefits associated with microneedling and agree to proceed with the treatment.

By signing this form, I consent to receive microneedling treatment from Dr. BB Crook at Arcabee Aesthetics.

Signature of Patient: _____

Date: _____

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Signature of Healthcare Provider: _____

Date: _____