

Microneedling Consent Form

_____ The Client understands that the number of microneedling treatments required varies and that several treatments may be needed.

_____ The Client understands that there may be some degree of discomfort, i.e., scratchiness, itchiness, irritation, stinging and hotness.

_____ The Client understands that it is normal for the treated area to appear red with slight swelling after the treatment, similar to mild-moderate sunburn, which can last for up to 4 days following treatment. There may also be temporary very mild bruising.

_____ The Client understands that there is no guarantee to this procedure and understands in order to achieve maximum results, they will need maintenance treatments and the use of a daily products over a period of time.

_____ The Client understands that exposure of a recently treated area to strong sunlight should be avoided and that we advise the use of a SPF of 30 or higher.

_____ The Client confirms that they have informed this clinic of all their medical details relevant to this treatment and will update these throughout the course of the treatments should any details change.

_____ The Client confirms that they have understood all the information given regarding this treatment during the consultation and that any questions they have had have been answered satisfactorily.

_____ The Client acknowledges that they have read and fully understood this document before signing.

_____ The Client agrees to have the treatment outlined above, including the use of topical anesthetic if required and will follow all prescribed directions regarding post procedure care and home care.

_____ The Client understands there are other treatment options available, including doing no treatment at all.

Client name (printed)

Date

Client signature

Provider signature