

Micro needling Consent Form with or without Platelet Rich Plasma application:
I hereby authorize

Ageless Image Wellness and Beauty personnel to perform
Micro needling Therapy. I understand that this procedure is
purely elective.

What to Expect:

- Depending on the area of your face or body being treated and the type of device used (i.e. needle length), the procedure is well-tolerated and in some cases virtually painless, feeling only a mild prickling sensation.
- Your practitioner will apply a topical anesthetic to your skin prior to treatment to reduce any pain and discomfort.
- Your skin will be pink or red in appearance, much like a sunburn, for a couple of hours following treatment.
- Minor bleeding and bruising is possible depending on the length of the needle used and the number of times it is pressed across the treatment area.
- Your skin may feel warm, tight, and itchy for a short while. This should subside in 12-48 hours.

Possible Side-Effects:

- Side effects or risks are minimal with this type of treatment and typically include minor flaking or dryness of the skin with scab formation in rare cases.
- Milia (small white bumps) may form; these can be removed by the practitioner.
- Hyper-pigmentation (darkening of certain areas of the skin) can occur very rarely and usually resolves after a month. Hypopigmentation may also occur.
- If you have a history of cold sores, this procedure may cause flare ups.
- Temporary redness and mild-sunburn effects may last up to 4 days.
- Freckles may temporarily lighten or permanently disappear in treated areas.
- Other potential risks include: crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result. Permanent scarring (less than 1%) is extremely rare.

The benefits and risks of the procedure have been explained to me, and I accept these benefits and risks. The nature of my medical or cosmetic condition has been explained to my satisfaction as have been any substantial or significant risks of harm. I am also aware of and accept the risk of rare and unforeseen complications which may not have been discussed and which may result from this treatment.

The drawing of blood may cause bruising, bleeding or infection at the site of draw. I have had the opportunity to ask questions and seek clarification of this procedure and its alternatives including no treatment and my questions have been answered satisfactorily.

I have avoided the following products/procedures THREE DAYS prior to treatment:

- Topical prescriptions including but not limited to Retin-A, Tretinoin, Differin, Tazorac
- Abrasive scrubs or other exfoliating products

I have not had any cosmetic injections within the last TWO WEEKS

I understand the following contraindications listed below and will notify my provider if any of the following apply to me:

- Active infections - viral, fungal, bacterial, "cold sores" or history thereof

- Rashes, warts, skin cancer
- Active acne
- Immune-suppressed patients
- Skin-related autoimmune disorders
- Pregnant or breast-feeding
- Patients on anticoagulants (NSAIDS, ASA, Coumadin/Warfarin)
- Recent ablative dermal procedures
- Rosacea
- Diabetes
- Actinic (solar) keratosis
- Accutane or generic within the past year
- Pregnant or breastfeeding
- Received chemotherapy or radiation therapy
- Collagen Vascular Disease
- Eczema, Psoriasis, or Dermatitis
- Hemophilia / bleeding disorders
- Keloid/hypertrophic scarring
- History of autoimmune disease or any condition that may weaken you immune system

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that every precaution will be taken to prevent complications and that complications from this procedure are rare, they can and sometimes do occur.

Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case. Multiple treatments may be necessary to achieve optimal results.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS MICRONEEDLING CONSENT FORM AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Print Name: _____

Signature: _____

Date: _____

Practitioner's Signature _____

Date: _____