



Micro-Needling or Micro-Needling with PRP Consent Form

I, _____, have received a consultation with a Skin Care Specialist, and I consent to the treatment of Micro-Needling to be carried out upon myself.

The Micro-Needling treatment allows for controlled induction of growth factor serums, or hyaluronic acid, into the skin's self-repair process by creating micro-injuries in the skin. These injuries stimulate new collagen production, while not posing the risk of permanent scarring. The result is smoother, firmer, and younger looking skin. The skin needling treatments are performed in a safe and precise manner with a sterile needle head and are usually completed in 30-60 minutes.

Contraindications:

Absolute Contraindications: Accutane within 6 months, Scleroderma, collagen vascular disease, or cardiac abnormalities, rosacea, blood clotting problems, platelet abnormalities, anticoagulation therapy (i.e.: Warfarin), facial cancer, past and present, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e.: Porphyria), diabetes, and other chronic conditions, active bacterial or fungal infections, immune-suppression, scars less than 6 months old, Botox/facial fillers in the past 2-4 weeks, patients who are pregnant or nursing.

Precautions: keloid or raised scarring, eczema, psoriasis, actinic keratosis, and herpes simplex.

Side Effects Typically Include:

- Skin will be pink or red and may feel warm, tight and itchy, which usually subsides within 24-48 hours.
- Minor flaking or dryness of the skin, with scab formation in rare cases.
- Crusting, discomfort, bruising, and swelling may occur.
- Pinpoint bleeding.
- It is possible to have a cold sore flare if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is rare, but if you see any signs of tender redness or pus, notify our office immediately.
- Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself after a month.
- Permanent scarring (less than 1%) is extremely rare.

I understand that if I have Micro-Needling with PRP that my blood will be drawn and spun to extract the Platelet Rich Plasma. The plasma portion of my blood will be used as part of my treatment. I acknowledge there will be additional instructions and consents specific to the PRP.

I have been informed about the treatment, procedure, indications, expected results, and possible side effects. I understand that I am required to have photographs taken before, during, and after treatment for my medical records.

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. I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons. I am also aware and accept the risk of unforeseen complications that may not have been discussed, and which may result from this treatment.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the doctor/nurse/skin care specialist, and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability Spencer Wellness Centre, or any of its officers, directors, and/or employees for any condition or results, known or unknown, that may arise as a result of any treatment that I receive.

Patient Signature _____ Date _____