

# MESOPEN (MICRONEEDLING) – CONSENT FORM & PRE-POST PROCEDURE INSTRUCTIONS

My treatment with the **Microneedling** has been personally described to me. The Risks, Benefits, Complications, No Results Guaranteed, Alternative options (including doing nothing) to Microneedling have been explained to me. The following points of information, among others, have been specifically discussed and made clear and I had the opportunity to ask any questions concerning this information:

I understand that **Microneedling** helps improve Wrinkles, Fine lines, Acne scars, Lift & Firm the Skin, For Skin Tightening, Help diminish Age Spots & Sun Spots, Helps Improve Skin Texture, Tone & Pigmentation and Improve Discoloration.

**NO RESULTS ARE GUARANTEED!**

**PROCEDURE MAY NOT WORK AT ALL AND SHOW NO IMPROVEMENT IN WRINKLES OR DISCOLORATION**

I understand that most patients look as though they have a moderate to severe sunburn and my skin may feel warm and tighter than usual. This is normal and will subside after 1 to 2 hours. Most patients usually recover within 2-3 days or less.

**Pain** is an important factor to prevent adverse events during the procedure. If your pain is more than 4 on a scale of 10, you must ask the staff to STOP the procedure. Pain scale - 1 being the least and 10 being the worst pain you have ever had.

## **Nature of the Microneedling Procedure**

The purpose of this procedure is to improve wrinkles, fine lines, texture, tone, pigmentation & discoloration of skin

## **Possible Alternative Procedures -**

Alternative methods include Laser Skin Resurfacing with Ablative or Non-Ablative Lasers eg Fraxel or CO2 or not do anything at all.

## **Potential Benefit and what to reasonably expect -**

Improvement in wrinkles, fine lines, texture, tone, pigmentation & discoloration of skin

## **Limitations -**

**No Results Guaranteed.** This program will require multiple treatments. The goal of Microneedling, as in any cosmetic procedure, is improvement, not perfection.

**COMPLICATIONS (which can be PERMANENT) - of this procedure include but are not limited to -**

- Scarring - can occur when the skin surface is disrupted / when a burn heals. Follow post procedure instructions carefully to minimize the risk of scarring
- Discoloration - Skin Color changes, either lighter (**hypopigmentation**) or darker (**hyperpigmentation**) may occur. Usually temporary but can become permanent
- Skin Infection

**RISKS of this procedure include but are not limited to –**

- Pain / Discomfort – Many patients describe the sensation as ‘warm heat sensation’ or snap of a rubber band with pain scale of 2 to 3. It is your responsibility to inform us if your **pain** during the procedure is more than 4 on a scale of 10. 1 being the least and 10 being the worst pain you ever had.
- Redness or Swelling – hive like reaction
- Bleeding
- Bruising or increased broken capillaries
- Blister/Scab and Skin Infection
- Skin Dryness &/or Discomfort
- Mismatch in color, tone or texture of the skin
- Tenderness or mild tingling
- Sun Sensitivity - temporary increased susceptibility to sunburn
- Acne Breakout
- Activation of Fever Blisters (herpes)
- Melasma – may get worse
- Rosacea – may get worse
- Drug reactions or interactions

**CONTRAINDICATIONS of this procedure include but are not limited to –**

- History of keloid **scarring** or abnormal wound healing
- Tattoos, active sores, rash (psoriasis, eczema) or infection in the treatment area
- Any internal metal device, i.e. surgical screws, pins, plates, or implants in the area to
- Hormonal imbalance, pregnancy and menopause can affect treatment outcomes

I have disclosed any or all of the following health concerns:

- Rosacea
- Melasma
- Open sores or lesions
- Skin cancer
- Broken or irritated skin, including conditions such as hives or dermatitis
- Any stage of Melanoma
- Raised Surface
- Eczema
- Active Acne
- Any type of skin infections

**Tattoos (and ‘permanent’ makeup)** - We do not perform Microneedling procedure over the tattoo, unless specifically approved by the physician. Doing this over tattoo may damage or lighten it and increase risk of scarring and discoloration.

**Photographs –**

- I authorize the taking of photographs or videotapes, or other similar means of recording the treatment.
- I understand that my privacy will be protected and will in no way reveal patient identity

- I understand that these recordings may be used for documenting progress of my treatment and outcomes, illustrating the medical procedure, medical study, research, publication and marketing.
- I give permission to use and publish the same in whole or in part, individually or in conjunction with other photographs, in any medium for any purpose, including art, illustration, promotion, advertising or trade
- Failure to allow the taking of photographs of my treatments will make it impossible to judge the efficacy of my treatments and will void any extended treatment program, guaranty and/or any treatment beyond those included in the purchased package.
- I give permission to American Laser Med Spa to copyright the same in their name or any other name that they may choose
- I hereby release American Laser Med Spa and its agents from any and all claims and demands arising out of, or in conjunction with the use of the photographs

I certify that I have read this entire consent and I agree to all the information presented to me in the clinic and in this consent form & the pre/post procedure instructions. A member of the ALMS staff has explained the following:

- **NO RESULTS ARE GUARANTEED!**
- Nature of the procedure
- Alternative procedures
- The potential benefits & what to reasonably expect after undergoing this procedure & limitations
- The complications, risks and contraindications of this procedure
- Benefits of this procedure over the alternatives
- I have had ample opportunity to ask any questions regarding the procedure, side effects and after care, and all of my questions have been answered to my satisfaction. I believe I have adequate knowledge to understand the nature and risk of the treatment to which I am consenting.
- Upon request, I have been given copies of the consent and pre/post care instructions.

I understand the procedure and accept the risks, and request that this procedure be performed by a provider at American Laser Med Spa.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all my **Microneedling Treatments** in the future as well.

## MICRONEEDLING - PRE & POST PROCEDURE INSTRUCTIONS

For your safety & to get optimum results, please follow these instructions

### Before Treatment -

- **PAIN** – Tell us to stop the procedure if pain is more than 4 on a scale of 10 during treatment. Most patients feel pain scale of 2 to 3.
- If the treatment area is face, preferably come with your makeup off
- Do not use on treatment areas – any skin lightener, exfoliation products or bleaching creams 2 days before and 2 days after treatment or until all pinkness has subsided.
- Do not apply any creams, lotions or deodorant on the area to be treated prior to treatment.
- Notify us of any change in medications or medical history since last visit –eg Pregnancy or new tattoos or moles (on the area of treatment)

### After Treatment -

- After you leave the clinic, if there are any problems in the next 24 hours, **please contact the clinic immediately especially if pain or burning sensation** at level 4 or more and is not improving OR if a burn or a blister formation has occurred.
- After treatment, avoid direct sun exposure or tanning on treated area for 3 days to prevent complications
- Use Sunscreen - Sunscreen SPF 30 or higher is highly recommended
- To wash, use tepid water and mild soap. Do not use hot water on freshly treated areas until pinkness has subsided
- Please note the important risks of this procedure – Scarring & Discoloration that can be permanent

If you have any questions or concerns, please contact our Office.

I have read and understand the instructions and realize to get optimum results I must follow these instructions diligently.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_