

__ 12.

_ 13.

Witness

RE-MICRONFEDLING CONSENT FORM

Date

Patient/Guardian if under 18 years old Date	
THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.	
l am advised that RF-microneedling can shorten the duration Botox if RF is done within 4 weeks and advised that RF-microneedling can shorten the duration of fillers if RF is done within 8 weeks	
11. I have disclosed my complete medical history to the best of my knowledge. I do not have pregnancy, lactation, pacemaker or other medical implant, sensitivity to heat, allergy to metal, thread lifting, active eczema or psoriasis, skin infections, other conditions; actinic keratosis; diabetes; warts. I absolutely do not have: scleroderma; collagen vascular disease; cardiac abnormalities; blood clotting problems; or immunosuppression.	
10. Post-care instructions have been provided. I understand: touching my face and using unclear products before skin is healed can introduce infection; unprotected sun exposure can cause sunburn as worsen hyper- and hypo-pigmentation; exfoliants (retinol products and scrubs) should not be used for a least 3 days.	nd
9. Pre-procedure instructions have been provided. Discontinuing autoimmune therapies and Retin-A is required 24 hours before treatment. (Accutane must be completed 6 months before micro-needling.) Certain skin types, require one-two weeks of hydroquinone prior to treatment. Unprotected sun exposure and tanning should be avoided 2 weeks before treatment.	
8. Treatment area may take up to 2 weeks to completely to heal, and I do not have important so events during this time.	cial
7. It is my responsibility to follow-up with a medical professional for persistent side effects or if radverse side effects develop.	re
6. I understand smoking may cause poor outcomes with this treatment. I understand over exposure to water and sunlight during the healing period may cause poor outcomes.	,
* Light bleeding during treatment and crusting 2-7 days * Dryness,roughness, itching for 1-2 weeks. * Temporary inflammation & hyperpigmentation*. (Treatment settings are available for melasma.)	
These risks have been explained: EXPECTED TEMPORARY SIDE EFFECTS * Local pain during procedure. * Redness for 2-7 days * Light to moderate swelling 2-7 days * RARE SIDE EFFECTS * Infection * Scarring	
permanent. 5. I am advised that though good results are expected, there can be unanticipated complications.	
4. I acknowledge that: no guarantees can be made to me regarding the outcome of this treatmer several treatments are usually required to achieve desired results; and effects are not guaranteed to be	
3. RF-microneedling has been shown to improve acne scarring, scarring, wrinkles, skin laxity, ar firm and brighten skin.	ıd
2. I understand RF-microneedling is an elective procedure that is not medically required.	
1. I have received handouts on RF-microneedling information and care instructions.	XIVI



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