

Micro needling Patient Informed Consent

Name_____

Date of birth_____

Address_____

City, Zip_____

Telephone_____.

How did you hear about us?_____

Micro needling is the use of very small needles to repeatedly penetrate the layers of the skin in order to induce the wound healing cascade.

1._____I understand that results of micro needling procedures will vary among individuals. I understand that although I may see a change after my first procedure, I may require a series of sessions to obtain my desired outcome.

2._____I acknowledge that complications as a result of micro needling procedure may occur, particularly in the event that the post procedural instructions are not followed, and accept full responsibility for such complications.

3._____I consent to any relevant photographs being taken before and after procedure, to document the results of the procedure.

4._____The procedure and side effects described in this consent have been explained to me including alternative methods, as have the advantages and disadvantages of micro needling.

5._____I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment.

6._____I am aware that micro needling treatments is not permanent as natural degradation will occur over time.

I state that I have read (or it has been read to me) and I understand the contents of each statement above.

I have had the opportunity to ask any questions about the treatment and acknowledge that all my questions about the procedure have been answered in satisfactory manner.

Print Name_____

Signature_____

Date_____

Practitioner Signature_____ Date_____