

Microneedling Consent Form

Description of the Procedure: The Exceed skin needling system, or Collagen Induction Therapy, allows for controlled induction of the skin's self-repair mechanism by creating micro "injuries" in the skin which trigger new collagen synthesis. The result is smoother, firmer and younger-looking skin. Skin needling procedures are performed in a safe and precise manner with the use of the sterile, microneedling pen. The procedure is normally completed within 30-60 minutes depending on the required treatment and anatomical site.

Side Effects: After the procedure, the skin will be red and flushed in appearance similar to a moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on the area being treated. The skin's redness will diminish greatly after a few hours following the treatment and within the next 24 hours the skin will usually be calmed. After 3 days the skin will return to a near normal appearance.

Contraindications: Keloid or hypertrophic scars; Active acne or Accutane use in last 3 months; history of eczema, psoriasis and other chronic conditions; history of Herpes Simplex infections; presence of raised moles, warts on targeted area.

Absolute contraindications: scleroderma, collagen vascular diseases; blood clotting problems and blood thinners; active bacterial, fungal or viral infection; open wounds, cuts, or abrasions; skin radiation treatments in last year. Not recommended for women who are pregnant or nursing.

Patient Consent:

- I understand that results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome.
- Photographs taken before or after the procedure is for documentation purposes only and will not be used outside of the patient's medical record.
- I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that the microneedling treatment is not permanent as natural degradation or aging will occur over time.
- Because certain aesthetics treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the skin care provider updated as to any changes in my health prior to any future sessions and understand that there shall be no liability on the provider's part nor on the part of Dr. Ha should I fail to do so.
- I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.
- I have had the opportunity to ask any questions about the treatment including risks or alternatives and knowledge that all my questions about the procedure have been answered in a satisfactory manner.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME (the patient) IN WRITING.

Name (please print) _____ Date: _____

Signature _____