MICRONEEDLING INFORMED CONSENT

Description of Procedure

Microneedling, also known as Collagen Induction Therapy, is a minimally invasive skin treatment that uses a sterile microneedling device to create controlled microchannels in the skin. These controlled micro-injuries stimulate the skin's natural repair response and may promote the production of collagen and elastin.

Microneedling may help improve the appearance of fine lines and wrinkles, acne scars and other scars, uneven skin texture and tone, enlarged pores, and signs of skin aging. Individual results vary.

Treatment is performed using a sterile, single-use microneedling cartridge. A typical treatment takes approximately **30 to 60 minutes**, depending on the treatment area and individual treatment plan.

Expected Reactions and Possible Side Effects

Following treatment, the treated area may appear red or flushed, similar to a mild to moderate sunburn. Temporary reactions may include:

- Redness and warmth
- Mild swelling
- Tightness or dryness
- Tenderness or sensitivity
- Mild itching, flaking, or peeling
- Pinpoint bleeding or bruising
- Temporary changes in skin texture

Redness and swelling may last approximately 3–7 days, depending on skin sensitivity, treatment depth, and the area treated. Mild dryness, flaking, or irritation may persist for several days.

Less common risks may include prolonged redness or swelling, infection, acne or skin irritation, cold sore reactivation, allergic or sensitivity reactions to products used during treatment, temporary or persistent pigmentation changes, scarring, or delayed healing.

Contraindications and Precautions

Microneedling may not be appropriate for patients with certain medical or skin conditions. Please inform your provider if you have or have had any of the following:

- Active acne, inflamed lesions, or active skin irritation in the treatment area
- Active bacterial, fungal, or viral infection
- Herpes simplex or a history of recurrent cold sores
- Open wounds, cuts, abrasions, or sunburn
- Warts, raised lesions, or suspicious moles in the treatment area
- Moderate to severe eczema, psoriasis, or other chronic inflammatory skin conditions
- History of keloid or hypertrophic scarring
- Blood-clotting disorders or use of anticoagulant/blood-thinning medication
- Scleroderma, collagen vascular disease, or impaired wound healing
- Chemotherapy or radiation therapy
- Skin radiation treatment within the previous year
- Recent use of isotretinoin/Accutane
- Recent cosmetic procedures, injections, laser treatments, chemical peels, or other treatments that may affect healing

Microneedling is generally **not recommended during pregnancy or while nursing unless specifically approved by the appropriate healthcare provider**.

Your provider may postpone or decline treatment if there is concern that microneedling may not be appropriate or safe for you.

Treatment Results

I understand that individual responses to microneedling vary and that **no specific result can be guaranteed**.

I understand that while some improvement may be noticeable after one treatment, microneedling commonly requires a **series of treatments** to achieve optimal results. Improvements may occur gradually as the skin heals and remodels over time.

I understand that the results of microneedling are not permanent and that normal aging, sun exposure, lifestyle, medical conditions, and other factors may affect the duration and quality of the results.

Patient Acknowledgment and Consent

By signing below, I acknowledge and agree that:

- I have been informed of the nature and purpose of microneedling, including its expected benefits, limitations, possible side effects, risks, and alternatives.
- I understand that complications can occur even when treatment is performed appropriately and that no guarantee has been made regarding the outcome of my treatment.
- I have disclosed all known medical conditions, allergies, medications, supplements, skin conditions, previous cosmetic procedures, and other information that may affect my treatment.
- I agree to inform my provider of any changes in my medical history, medications, pregnancy status, or skin condition prior to future treatments.
- I understand that failure to disclose relevant medical information may increase the risk of complications.
- I understand and agree to follow all pre-treatment and post-treatment instructions provided to me.
- I have had the opportunity to ask questions regarding the procedure, risks, benefits, alternatives, and aftercare, and my questions have been answered to my satisfaction.
- I understand that I may choose not to proceed with treatment or may withdraw my consent prior to treatment.

Photography

Photographs may be taken before and/or after treatment for the purpose of documenting my medical care and treatment progress. These photographs will remain part of my confidential medical record and **will not be used for advertising, social media, educational materials, or any other external purpose without my separate written authorization**.

Consent

I confirm that I have read this document, or it has been read and explained to me, and that I understand the information provided.

I voluntarily consent to receive microneedling treatment.

This consent will remain valid for future microneedling treatments unless I revoke my consent in writing or there is a material change in my medical condition or treatment plan requiring a new consent.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Provider/Witness: _____

Date: _____