



Microneedling Information and Consent Form

Prior to receiving microneedling , I have been candid in revealing any condition that may have a bearing on this procedure, such as:

- Pregnancy/nursing
- Tendencies to cold sores/fever blisters
- Botox (within 10 days)/ Fillers (within 30 days)
- Active Acne/ Eczema/Psoriasis/Rosacea
- Any type of infections/ Lupus/ Auto-immune diseases
- Taking blood thinners or anticoagulants (discuss prior to Tx)
- Recent facial peels or surgery
- Use of Retin-A, Glycolic Acids, Accutane
- Open sores/lesions/ broken or irritated skin
- Raised surface (sebaceous hyperplasia/moles/keloids)
- Skin Cancer/Any stage of melanoma
- Allergy to Lidocaine/Stainless Steel

Microneedling may not be performed directly on any of the above conditions. I have disclosed any of the health concerns that apply to me:

_____ I understand that there are no guarantees to this procedure.

_____ I understand that there may be some degree of minor discomfort (scratchiness, itchiness or bruising).

_____ I understand that to achieve maximum results, I will need several ongoing procedures and will need to use daily products to heal and protect my skin.

_____ I understand that the possibility of irritation and redness exists and that I should notify my skin care professional if irritation persists.

_____ I will follow the home care program specifically designed for me without changing or adding any products without consulting with my skin care professional.

_____ I agree to all conditions and agree to have this procedure performed on me.

_____ I will follow all prescribed directions regarding post procedure care.

I _____ (patient's name) understand that microneedling will be used to facilitate exfoliation of the skin which will give a smoother, more luminous look and feel and improve the overall appearance of the skin. I have been examined by my technician and have been cleared for this procedure.

_____ I understand that most clients look as though they have a moderate to severe sunburn and my skin may feel warm and tighter than usual. Most clients usually recover within 72 hours or less, but sometimes redness may persist for several days. Because the procedure facilitates exfoliation of the skin there can be risk of infection. If this occurs, a follow up appointment will be required for further evaluation, followed by a visit to your doctor/dermatologist.

_____ I understand that this procedure may involve risks of complication or injury for both known and unknown causes, and I freely assume those risks. I release Endless Beauty SkinCare (Kelly Tracy-Holly) from all liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon. I consider this a waiver of any right to sue the aforementioned party. I understand that this waiver is legally binding and may be used in a court of law.

The above points of information have been specifically discussed and made clear and I have had the opportunity to ask any questions concerning this information.

I authorize Endless Beauty SkinCare (Kelly Tracy-Holly) to begin my microneedling procedure.

Client Name: _____

Client Signature: _____ Date: _____

Aesthetician Signature: _____ Date: _____