

## Microneedling Treatment Consent

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### CLIENT INFORMATION

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

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### TREATMENT OVERVIEW

Microneedling is a **minimally invasive cosmetic procedure** that utilizes a device with sterile needles to create controlled micro-injuries within the skin.

This process stimulates the skin's natural healing response, promoting **collagen and elastin production** and improving overall skin quality.

Microneedling may improve the appearance of:

- Fine lines and wrinkles
- Acne scars and other scarring
- Skin texture and tone
- Enlarged pores
- Mild pigmentation irregularities

Unlike Nano Infusion, microneedling penetrates beyond the epidermis into the dermis, making it a more advanced corrective treatment.

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### EXPECTED RESPONSES & NORMAL SIDE EFFECTS

I understand that the following responses are common and expected:

- Redness and inflammation (24–72 hours)
- Sensitivity or tenderness
- Dryness, tightness, or flaking
- Mild pinpoint bleeding during treatment
- Temporary swelling

- Skin may feel warm or sunburned

Downtime varies depending on treatment depth but is typically **1-3 days**.

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## **POTENTIAL RISKS & COMPLICATIONS**

I understand that microneedling may involve potential risks, including:

- Prolonged redness or irritation
- Infection
- Bruising
- Post-inflammatory hyperpigmentation (PIH)
- Scarring (rare)
- Reactivation of herpes simplex virus (HSV-1)
- Delayed healing

I understand that:

- Results vary based on individual skin response
  - Multiple treatments may be required
  - No guarantees have been made regarding specific outcomes
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## **CONTRAINDICATIONS & MEDICAL DISCLOSURE**

I confirm that I have disclosed all relevant medical history, medications, and skin conditions.

Microneedling may not be appropriate if I have any of the following:

- Active skin infection (bacterial, viral, or fungal)
- Active acne lesions or cystic/inflammatory acne in the treatment area
- Active herpes simplex (cold sores)
- Open wounds, lesions, or compromised skin barrier
- History of keloid or hypertrophic scarring
- Use of Accutane (Isotretinoin) within the past 6-12 months
- Uncontrolled diabetes or impaired wound healing
- Bleeding disorders or use of blood-thinning medications
- Immunocompromised conditions
- Skin cancer or suspicious lesions in the treatment area
- Eczema, psoriasis, or dermatitis in the treatment area
- Recent sunburn or excessive sun exposure
- Known allergies or sensitivities to products used during treatment

Recent treatments or products may require postponement, including:

- Botox or neuromodulators within 2 weeks
- Dermal fillers within 2–4 weeks
- Laser, IPL, or chemical peels within 2–4 weeks
- Microneedling or RF microneedling within 4 weeks
- Recent surgery in the treatment area
- Use of retinoids or exfoliating acids within 3–5 days

I understand that failure to disclose this information may increase the risk of complications.

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### **PRE-TREATMENT ACKNOWLEDGMENT**

I confirm that:

- I have avoided excessive sun exposure prior to treatment
  - I have discontinued retinoids and exfoliating acids 3–5 days prior (unless otherwise directed)
  - I have disclosed all known sensitivities and medications
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### **POST-TREATMENT CARE AGREEMENT**

I agree to follow all aftercare instructions provided.

For **24–72 hours following treatment**, I will:

- Avoid retinoids, exfoliating acids, and active ingredients
- Avoid direct sun exposure and apply SPF 30+ daily
- Avoid heat (saunas, steam, hot showers)
- Avoid strenuous activity or excessive sweating for 24–48 hours
- Avoid makeup for at least 24 hours (or as directed)
- Avoid touching, picking, or manipulating the treated skin

I understand that my skin will be more sensitive and vulnerable during the healing process.

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### **PRODUCT APPLICATION CONSENT**

I understand that professional topical products may be applied during or after treatment.

I acknowledge that:

- My skin will be more permeable post-treatment
- Only provider-approved products should be used during recovery

- Undisclosed sensitivities may increase the risk of reaction
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### **NO GUARANTEE OF RESULTS**

I understand that aesthetic treatments are not an exact science and that results vary based on individual factors.

No guarantees have been made regarding the outcome of this procedure.

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### **CLIENT CONSENT & LIABILITY RELEASE**

I acknowledge that:

- The procedure has been explained to me
- I have had the opportunity to ask questions
- I understand the risks and benefits
- I am voluntarily consenting to treatment

I release **Dermodality Skin Solutions, DIME, its students, educators, providers, employees, and affiliates** from liability associated with this treatment, except in cases of gross negligence or willful misconduct.

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### **PHOTO & EDUCATION CONSENT**

- I consent to photos/videos for documentation, education, and marketing
  - I do not consent
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### **SIGNATURES**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **If Minor:**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Provider / Instructor Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR INTERNAL USE ONLY**

Student Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Observations / Notes: \_\_\_\_\_

DERMODALITY