

Nano Infusion (Nano Stamping) Treatment Consent

CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Date of Treatment: _____

TREATMENT OVERVIEW

Nano Infusion (also known as Nano Stamping) is a **non-invasive cosmetic treatment** that utilizes a device with microscopic silicone or stainless-steel tips to create **superficial micro-channels within the stratum corneum** (outermost layer of the skin).

This process enhances the absorption of professional topical products and supports overall skin conditioning.

This treatment may improve the appearance of:

- Dull or uneven skin tone
- Fine lines and superficial texture
- Dehydration
- Mild pigmentation
- Overall skin radiance

Nano Infusion **does not penetrate into the dermis** and is not classified as microneedling. It is considered a **superficial cosmetic procedure**.

EXPECTED RESPONSES & NORMAL SIDE EFFECTS

I understand that the following responses are common and expected:

- Mild redness (typically resolves within several hours, occasionally up to 24 hours)
- Temporary sensitivity
- Tightness or dryness
- Mild pinpoint erythema

- Increased product absorption
- Temporary purging in acne-prone individuals

Downtime is minimal; however, the skin may remain sensitive for **24–48 hours** following treatment.

POTENTIAL RISKS & COMPLICATIONS

While Nano Infusion is considered low risk, I understand that possible adverse effects may include:

- Skin irritation or inflammation
- Breakouts or congestion
- Allergic or hypersensitivity reactions
- Post-inflammatory hyperpigmentation (rare)
- Infection (particularly if aftercare instructions are not followed)
- Reactivation of herpes simplex virus (HSV-1) in susceptible individuals

I understand that:

- Individual results vary
 - A series of treatments may be recommended
 - No guarantees have been made regarding outcomes
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CONTRAINDICATIONS & MEDICAL DISCLOSURE

I confirm that I have fully disclosed all relevant medical history and current skin conditions.

I understand this treatment may not be appropriate if I have any of the following:

- Active acne lesions, infection, or open wounds
- Compromised or impaired skin barrier
- Active cold sores (HSV-1)
- Recent chemical peel (within 7 days)
- Recent microneedling, RF microneedling, or laser treatments (within 2 weeks)
- Use of Accutane (Isotretinoin) within the past 6–12 months
- Eczema, psoriasis, or active dermatitis in the treatment area
- Uncontrolled diabetes
- History of keloid scarring
- Known allergies or sensitivities to treatment products
- Recent sunburn or excessive sun exposure

I understand that failure to disclose medical conditions or medications may increase the risk of complications and may result in adverse outcomes.

PRE-TREATMENT ACKNOWLEDGMENT

I confirm that, to the best of my knowledge:

- 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 product reactions
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POST-TREATMENT CARE AGREEMENT

I agree to follow all aftercare instructions provided.

For **24–48 hours following treatment**, I will:

- Avoid retinoids, exfoliating acids (AHA/BHA), and active ingredients
- Avoid direct sun exposure and apply **SPF 30+ daily**
- Avoid saunas, steam, excessive heat, and hot showers
- Avoid strenuous exercise or excessive sweating for 24 hours
- Avoid touching, picking, or manipulating the treated area

I understand that my skin may be **temporarily more permeable and reactive**, and improper aftercare may increase the risk of irritation or complications.

PRODUCT INFUSION CONSENT

I understand that Nano Infusion enhances the penetration of topical products.

I consent to the use of professional-grade products selected by my provider.

I acknowledge that:

- Product reactions may occur if sensitivities are unknown or undisclosed
 - Results are influenced by both in-treatment products and home care compliance
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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 skin type, condition, and adherence to recommended protocols.

No specific results have been guaranteed.

CLIENT CONSENT & LIABILITY RELEASE

I acknowledge that:

- The procedure has been explained to me in detail
- I have had the opportunity to ask questions
- I fully understand the nature, risks, and benefits of this treatment
- I am voluntarily consenting to this procedure

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

PHOTO & EDUCATION CONSENT (OPTIONAL)

- I consent to photographs/videos for educational or marketing use
 - I do not consent
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SIGNATURES

Client Name: _____

Client Signature: _____

Date: _____

If Minor:

I confirm that I am the parent or legal guardian and consent to this treatment.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Provider Signature: _____

Date: _____

DERMODALITY