



INFORMED CONSENT FOR MICRONEEDLING

INSTRUCTIONS - This is an informed consent document that has been prepared to help your acupuncturist inform you concerning microneedling treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for microneedling treatments, as proposed by your acupuncturist. Microneedling is the insertion of very fine needles with a high powered pen on the skin for the purpose of rejuvenating the skin improving collagen production and skin tone .

INTRODUCTION - The skin is gently cleansed, any residual makeup is removed. Numbing cream is optional and can be applied for sensitive individuals. A customized serum from the Aculift skin line is applied to clean skin. The Aculift MicroPen is applied to areas of the facial/ neck skin with appropriate depth and pressure according to individual needs. The treatment concludes with application of Aculift Calm serum containing arnica and aloe to soothe skin and prepare for the aftercare process. Patient instructions and aftercare methods will be discussed.

BENEFITS - The Aculift™ MicroPen is part of the Aculift™ MicroPen system that effectively stimulates collagen production with the use of its designed high-speed pen and sterile one time use needle cartridges. It is used by licensed Acupuncturists that have completed professional training programs. Microneedling creates tiny micro traumas in the skin that stimulate cells to repair and regenerate. The process induces the production of collagen and elastin fibers. These new fibers increase elasticity + firmness while smoothing skins texture. The procedure aids with collagen stimulation, improved fine lines, decreased pore size, improved tone and texture of the skin, and reduced acne scarring.

MICRONEEDLING- Contraindications For Microneedling:

- Accutane within 6 months
- scleroderma
- collagen vascular disease
- cardiac abnormalities
- rosacea
- blood clotting problems
- platelet abnormalities
- anticoagulation therapy (i.e.: Warfarin)
- facial cancer (past and present)

- chemotherapy
- steroid therapy
- dermatological diseases affecting the face
- active bacterial infections
- fungal infections
- immune suppression
- scars less than 6 months old
- Botox/facial fillers in the past 2-4 weeks.
- Treatment is not recommended for patients who are pregnant or nursing.

Precautions: keloid or raised scarring, eczema, psoriasis, actinic keratosis, and herpes simplex.

Side Effects Typically Include:

- Skin may be pink or red and feel warm like mild sunburn, or tight and itchy.
- All of which typically subsides within 12-48 hrs.
- Minor flaking or dryness of the skin, with scab formation in rare cases.
- Crusting, discomfort, bruising and swelling may occur.
- Pinpoint bleeding
- It is possible to have a cold sore flare if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is rare but if you see any signs of tender redness or pus notify our office.
- Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself after a month.
- Permanent scarring is extremely rare.

DISCLAIMER - Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture/microneedling. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

CONSENT FOR MICRONEEDLING PROCEDURE OR TREATMENT

1. I hereby authorize _____ and such assistants as may be selected to perform an acupuncture facial. I have received the INFORMED CONSENT FOR MICRONEEDLING.

2. I recognize that during the course of the MICRONEEDLING, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.

3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

4. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - A. THE ABOVE TREATMENT OR EXPOSURE TO BE UNDERTAKEN

 - B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT

 - C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-5). I AM SATISFIED WITH THE EXPLANATION.

Patient *(or Person Authorized to Sign for Patient)*

Practitioner

Date

Date