

bt-titan® MN

Microneedling Client Consent Form

DESCRIPTION

Microneedling is an aesthetic service that is performed by mechanically puncturing the skin to the point of pinpoint bleeding to allow for controlled induction of the skin's self repair and renewal mechanism. The result is smoother, more luminous looking skin.

Microneedling services are performed in a safe and precise manner with the use of a sterile needle cartridge. The service is normally completed within 30–60 minutes.

SIDE EFFECTS After the procedure, the skin may be red and flushed in appearance, similar to a moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on certain areas. This will diminish significantly within a few hours following the service. Within the next 24-72 hours, the skin will have returned to normal. Avoid sun exposure for 72 hours.

CONTRAINDICATIONS Microneedling should not be used on individuals with: cancer, open wounds, sores, lesions, irritated, or damaged skin, is pregnant or nursing pregnancy, any contagious or transmittable disease, a hemorrhagic (bleeding) disorder or hemostatic (bleeding) dysfunction, taking blood disorder medications, allergy to stainless steel, silicone, or anesthetics, or currently taking drugs with the ingredient isotretinoin (such as Accutane)

PRECAUTIONS AND WARNINGS Microneedling has not been evaluated in the following patient populations. Precautions should be taken when determining whether the procedure is appropriate for the client: actinic (solar) keratosis, active acne, collagen vascular diseases or cardiac abnormalities, diabetes, eczema, psoriasis and other chronic conditions, immunosuppressive therapy, history of contact dermatitis, raised moles in the treatment area, rosacea, active bacterial, fungal, or viral (i.e. herpes, warts), keloid scars, individuals on anticoagulants, scars and stretch marks less than one year old, scleroderma, and wound healing

PATIENT CONSENT I understand that results will vary among individuals. I understand that although I

see a change after my first session, I may require a series of sessions to obtain my desired outcome.

The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the procedure. I am aware that microneedling procedure is not permanent and natural degradation may occur over time.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask any questions about the procedure including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner.

Print Name: _____

Signature: _____

Date: _____

Witness Signature: _____

Date: _____