Micro-needling is an elective procedure for cosmetic purposes only. I have had the opportunity to ask questions and understand the nature, goals, limitations and possible complications of this treatment. I have had the opportunity to discuss alternative forms of treatment and understand that results may vary.

I clearly understand and accept the following:

1. The goal of these treatments, as in any cosmetic procedure, is improvement - not perfection. I understand my results might not be perfect, and the number of treatments necessary may vary.
2. There may be more treatments necessary than I anticipated.
3. There is no guarantee that expected or anticipated results will be achieved.
4. I understand that compliance with recommended aftercare guidelines are crucial for healing and prevention of scarring or skin textural changes.

Micro-needling has a low risk of complications. Since this is a new technology, side effects may be seen as additional patients are treated. I understand the following side effects or complications may occur:

1. Discomfort at the treatment site with transient redness and swelling which may last up to two hours or longer. The redness may last up to 2-3 days. The treated area may feel like a sunburn for a few hours after treatment.
2. Increased or decreased pigmentation is possible and can take 3 to 6 months or more to resolve.
3. Loss of pigmented lesions such as freckles may give the appearance of loss of pigment.
4. Small areas of scabbing may occur 2-3 days following the treatment.
5. Infection is possible if proper aftercare guidelines are not followed.

**Contraindications**

While micro-needling treatments are safe and effective for most women and men, there are some people who will not be good candidates for these types of treatments. Here is a general contraindication list that should be considered by anyone who is thinking of undergoing micro-needling:

* **Pregnancy** – if you are pregnant or nursing you are advised to not receive any micro-needling treatments. To date there have been no studies conducted to see what effects these treatments may have on the unborn child, but as a general rule, pregnant women should stay away from any type of cosmetic/elective procedures.
* **Diabetes** - unstable diabetes patients should not be treated due to problems with healing.
* **Accutane or any related acne medication** - Accutane or any related drug should be discontinued for a minimum of 6 months prior to undergoing micro-needling.
* **Active Herpes Simplex** in the treatment area - treatment is possible once the outbreak is healed, however it may be advisable to take prescription strength antiviral medication to keep this condition in remission during the treatment series.
* **Dry skin** - if your skin is overly dry, you will need to start moisturizing and ensure the condition is under control prior to undergoing any treatment.
* **Any active inflammatory skin condition** e.g. eczema, psoriasis, infection, rash or any type of dermatitis at the treatment site (because it may aggravate the condition).

\_\_\_\_ I have no allergies to anything that I am aware of.

\_\_\_\_ I understand that I must verbally inform my technician of any concerns, use of medication (including aspirin or other pain medications) or medical conditions I have before receiving micro-needling procedures even though it is noted on the medical history form.

\_\_\_\_ I understand that if I do have a medical condition or any allergies that would contraindicate the micro-needling procedure, the technician can make a decision to ensure my safety and refuse doing any micro-needling procedures on my behalf.

\_\_\_\_ I am not under the influence of alcohol, drugs or any other substances.

\_\_\_\_ I release ProCell Therapies, and its subsidiaries and representatives of all claims for injury seen or unseen that may occur as a result of this procedure.

\_\_\_\_ I understand that no promise has been made to me as to the final result of the procedure I have consented to undergo.

\_\_\_\_ There are possible risks involved, and these have been explained to me prior to having the treatment and I understand them.

\_\_\_\_ I have been given the opportunity to address all of my questions and concerns about the risks, hazards and aftercare for the procedure(s) that will be performed with my consent.

\_\_\_\_ Although noticeable results may be obtained with a single micro-needling treatment; the greatest improvement will be seen after a series of four to six consecutive procedures.

I hereby release ProCell Therapies as well as my treatment provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from any liability associated with my micro-needling treatments.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Treatment Provider\_(print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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