



METROPOLITAN
ANTI-AGING • BEAUTY • WELLNESS

Name _____

Date of Birth _____

MICRO-NEEDLING CONSENT FORM

Micro-Needling (also known as Collagen Induction Therapy or CIT) is a comfortable procedure aimed at stimulating the body's own collagen and elastin production to reduce fine lines, wrinkles, stretch marks, skin laxity, traumatic and surgical scarring. Micro-Needling improves the skins texture, tone, and color; resulting in younger looking skin with fewer signs of aging. Micro-Needling is used on all areas of the body and is safe for all skin types, including the scalp for successful hair restoration.

Please initial next to each item:

- _____ I hereby request and authorize the cosmetic treatment of Micro-Needling which includes a light microdermabrasion and/or exfoliation.
- _____ The procedure and side effects have been explained to me, including alternative methods and combination therapies, as have the advantages and disadvantages.
- _____ I understand clinical results may vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment and I may require a series of treatments.
- _____ Services purchased are non refundable unless the Metropolitan is unable to perform the treatment(s).
- _____ I have been advised that though good results are expected, I am aware that Micro-Needling treatments are not permanent as natural degradation will occur over time.
- _____ I have informed my technician of any contraindications that I may have concerning to this treatment. Contraindications include keloid scarring, history of eczema, psoriasis, history of cold sores, diabetes, blood clotting problems, active bacterial or fungal infection, immune-suppression, aids, HIV, hepatitis, scars less than 3-6 months old, and other chronic conditions.
- _____ I understand and agree that topical anesthetics may be used by my technician for pain control during my treatments.
- _____ I confirm that I have no known allergies to topical anesthesia's and have informed my technician of all allergies.
- _____ I confirm that I am not pregnant or nursing at this time.
- _____ I have not used Accutane in the last 6 months
- _____ I have not had chemotherapy or radiation treatments within the last 6 months
- _____ I understand that I must refrain from tanning in direct sun or tanning beds for 14+ days following the procedure. I agree that should I be exposed to direct sun, I will use St. James sunscreen for protection.
- _____ I do not have the presence of raised moles or warts on the targeted area.
- _____ I agree and understand that photographs will be taken before and after each procedure(s).

Although complications are infrequent following Micro Needling, I understand the following short term side effects or complications may occur or are theoretically possible, depending on the area and condition being treated and could happen to me.

- _____ My skin will be red and flushed in appearance in a similar way to a moderate sunburn immediately after the procedure. The skins redness will diminish greatly after a few hours following the treatment and within the next 24-72 hours the skin will be generally calmed. After 3 days the skin will return to a near normal appearance for most procedures. Redness on scar revision procedures can last longer depending on the size and depth of the area being treated.
- _____ I may experience skin tightness and sensitivity on the area being treated, for a short period of time. This may include stinging, mild swelling, redness, and hot feeling to the area treated.

I have been candid in revealing any existing or new conditions(s) that I have. My technician has asked at this time whether I have any questions and I do not. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I have received post procedure instructions and will strictly adhere to such instructions. I understand the procedure, risks, benefits and alternatives.

Client Signature _____ Date _____

Technician Initials _____ Date _____