



Today's Date: _____

Client MicroNeedling Consent Form

_____ I have read the provided information and initialed each section indicating that I fully understand what to expect. I have addressed any questions or concerns with my Skinspire Esthetics LLC, skin therapist. I give permission to Skinspire Esthetics LLC and its authorized therapist to perform the MicroNeedling treatment we have discussed and will hold Skinspire Esthetics LLC and its staff harmless from any liability that may result from this treatment.

_____ I understand Skinspire Esthetics LLC and its staff will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I understand that, very rarely, permanent damage occurs. I have listed any and all over the counter or prescription medications that I use regularly. I have not used a scrub, Retin-A, Accutane, Retinol, micro-dermabrasion, chemical peel, tanned in the last 72 hours

_____ I understand that I should not have this procedure if I intend to continue to have excessive sun exposure. It has been explained to me that the treated area will be more sensitive to the sun as a result of the treatment and will require regular use of sunscreen with the proper SPF as suggested by my skin therapist.

_____ I understand that the results are not guaranteed and that for maximum results, more than one application may be required. The rate of improvement of my skin depends on my age, skin type & condition, pigmentation levels, degree of sun/environmental damage, or acne condition.

_____ I understand that this procedure is expected to make the skin feel uncomfortable while being applied, but agree to inform my therapist immediately if I have concerns or overly uncomfortable during or after the treatment.

_____ I agree that I am willing to follow all the recommendations by my therapist for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to the advised sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my therapist and I acknowledge that I have been informed of the possible negative reactions (intense erythema, welts, scabs) and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I have additional questions or concerns regarding my treatment or home product/post-treatment care, I will consult my therapist immediately.

_____ I understand the potential risks and complications. I have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and have had sufficient opportunity to have any questions answered.

_____ I will call to inform my skin therapist of any complications or concerns I may have as soon as they occur.

_____ I am over 18 years of age or I have parental consent co-signed below.

Print Name

Client Signature

Date

Print Name

Guardian Signature

Date