

Client Consent Form - Derma Needling



_____ I acknowledge that I have not used Accutane or any other medication for the same purpose within the last 12 months.

_____ I acknowledge that there is no guarantee to the complete removal of tattoo.

_____ I acknowledge that pigmentation loss will improve with each treatment.

_____ I acknowledge that the skin might experience temporary tightness, redness, or slight swelling depending on skin sensitivity.

_____ I acknowledge that if I fail to use a minimal sunscreen (SPF 20) I am more susceptible to sunburn, skin damage and hyperpigmentation.

_____ I acknowledge that this treatment is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied.

_____ I acknowledge that I should avoid any AHA product over area treated for 2 weeks following treatment.

_____ I acknowledge that I should avoid using any Retin-A type products for a period of time recommended by any technical professional during the following treatments.

_____ I acknowledge that I am not pregnant/lactating.

_____ I hereby agree to have the treatment performed and agree to follow all pre/post treatment instructions.

_____ I acknowledge that I have answered all questions truthfully and completely.

_____ I understand that the service I have requested may cause adverse reactions to my hair, skin or body part. I understand I may experience an adverse reaction to the application of these products in exchange for this establishment performing the requested services. I hereby release this establishment, agents, technicians and suppliers from any and all damage or injury which may result from the treatment I have requested. I further agree I am over the age of 19 years old.

_____ I consent to the use of my before, during and after Derma Needling photographs for education, promotion or advertising purposes.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____