**Microneedling Consent Form**

This skin care procedure is designed to stimulate the outer layers of the skin with micro-channels to help improve the appearance of the skin. The procedure is performed using a sterile microneedling pen.

**Microneedling Pre-treatment Guidelines:**

* Do not use topical agents that may increase your skin's sensitivity such as ***retinoids***, ***exfoliants***, ***topical*** ***antibiotics***, or ***hydroxy*** ***acids*** **5-7 days** prior to the treatment.
* Avoid ***IPL/Laser procedures*** for at least **2 weeks** prior to the service.
* No ***waxing***, ***depilatory*** ***creams***, or ***electrolysis*** to the area being treated for **5 days** prior.
* Avoid unprotected ***sun exposure*** or ***sunburn*** at least **1 week** before treatment.
* ***Do not shave*** the face the ***day*** ***of*** the procedure to avoid skin irritation.
* Keep makeup to a minimum day of the treatment if possible and do not experiment with new products before the treatment.
* Avoid ***alcohol*** and ***caffeine*** **24-48 hours** before the treatment.
* Wait **14 days** after administration of ***neurotoxin*** and **28 days** after administration of ***dermal* *fillers***.

**Microneedling Contraindications:**

* Pregnancy
* Keloid or hypertrophic scarring
* History of eczema, psoriasis and other chronic conditions
* History of actinic (solar) keratosis
* History of herpes simplex infections/cold sores
* History of diabetes
* Presence of raised moles, warts or any raised lesions on the targeted area
* Isotretinoin (sometimes marketed as ***Accutane***) taken within the last **6-12 months**
* ***Excessive sun*** ***exposure*** within the last **24 hours**
* Open wounds, rashes or infections in the treatment area
* Metal allergies
* Diabetic
* Hemophiliac
* Facelift or eyelid lift within the previous year
* ***Laser*** ***resurfacing*** or other major resurfacing within the last **3 months**
* ***Chemical*** or ***mechanical*** ***peeling*** within the last **1-2 weeks**, or impaired barrier

I understand that results will vary between individuals and that although I may see change after my first treatment, a series of sessions may be required to obtain my desired outcome. The contraindications, precautions and warnings have been explained to me, and although good results are expected, the possibility and nature of complications can not be fully anticipated. Therefore, there can be no guarantee as to the result of this treatment. I am also aware that the results of this treatment are not permanent, as natural degradation will occur over time. I have read this consent form and understand the information contained in it. I have had the opportunity to ask any questions about the treatment, including risks or alternatives, and acknowledge that all questions asked about this procedure have been answered in a satisfactory manner. I release and waive any claims against Savvy Salon and Day Spa, and their respective employees for any liability, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury that may be sustained by me while participating in this treatment, including, but not limited to, those injuries and damage caused by the negligence and or breach of warranty, express or implied, on the part of Savvy Salon and Day Spa and/or its employees.

* I have received a post-care instruction sheet
* I certify that the information I have provided on this form is accurate, to the best of my knowledge, and that I have not withheld any information that will be relevant to my consultation.

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

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