



AGELESS YOUTH

by Renata

MICRONEEDLING/MEZOTHERAPY/BIOREVITALIZATION CONSENT FORM

Patient Name: _____ **DOB:** _____

Microneedling device is a tool designed to stimulate your skin's natural ability to produce new collagen by creating micro-channels in the skin with the use of sterile, disposable needles. These needles penetrate the skin causing "injury", which stimulates new collagen. New collagen can improve fine lines and wrinkles, reverse years of sun damage, enhance skin tone and texture, improve acne scars and hyperpigmentation which results in a smoother, firmer, and younger-appearing skin. This procedure typically is completed within 30 minutes. Results can be seen in one week and up to 6 months as collagen continues to be produced.

Please Put Your Initials Next to the following if it is true:

_____ I understand and am aware of the most likely risks and complications of microneedling device include but are not limited to: - Red/Flushed appearance - Persistent Itching - Bruising - Significant Inflammation - Skin Tightness - Cutaneous eruption - Sensitivity to touch

_____ I do not have any medical conditions that would prevent me from receiving the microneedling device treatment

_____ I do not have any of the following: History of Keloid scars - Active bacterial or fungal infection - Scleroderma/Collagen Vascular diseases - Pustular or Nodular Rosacea - Bleeding disorder and/or taking blood thinner

Precautions and Warnings:

Micro-needling treatment has not been evaluated in the following patient populations, such precautions should be taken when determining whether to treat: scars and stretch marks less than one year old; women who are pregnant or nursing; Keloid scars; patients with history of eczema, psoriasis and other chronic conditions; patients with history of actinic (solar) keratosis; patients with history of herpes simplex infections; diabetics or patients with wound-healing deficiencies; patients on immunosuppressive therapy; and skin with presence of raised moles or warts on targeted area.

Consent:

Your consent and authorization for this procedure is strictly voluntary. Your signature on this consent form authorizes Renata Yafasova, RN and Ageless Youth LLC to perform the microneedling treatment on area you choose. As with any cosmetic procedure, there is no guarantee that you will be completely satisfied. Additionally, results vary among individuals and it may require a series of sessions to obtain your desired outcome. I have read this informed consent form and certify that I understand the contents in full. My signature indicates that I am consenting to receive treatment and have had the opportunity to ask questions about the procedure and its risk. I have been advised of the risks involved in such treatment and alternative treatments, including no treatment at all. I understand that I release Dr. Kelly James, Renata Yafasova, RN and Ageless Youth LLC, all the staff and facility from any liability associated with complications from this procedure.

Client's Signature: _____ **Today's Date:** _____