

SKINPEN Consent

Description of the Procedure: The SkinPen stimulates your skin's natural ability to produce new collagen and elastin for healthier, younger-looking skin. SkinPen accelerates this repair process by creating microscopic channels, which also allow products to penetrate into the deeper layers of the skin. New collagen and elastin production can reverse years of sun damage, improve acne scars and enhance the overall appearance of aging skin. Skin needling is performed in a safe and precise manner with the use of the sterile SkinPen needle head. The procedure is normally completed within 30-60 minutes depending on the required treatment and anatomical site.

Side Effects: After the procedure, the skin will be red and flushed in appearance. You may also experience skin tightness and mild sensitivity to touch on the area being treated. The skin's redness will diminish greatly after a few hours following the treatment and within the next 24 hours the skin will be generally calmed. After 3 days the skin will return to a normal or near normal appearance.

Contraindications: Relative: keloids; history of eczema, psoriasis and other chronic conditions; history of actinic (solar) keratosis; history of Herpes Simplex infections; history of diabetes; presence of raised moles, warts on targeted area. Absolute: scleroderma, collagen vascular diseases or cardiac abnormalities; blood clotting problems; active bacterial or fungal infection; immune suppression; scars less than 6 months old. Not recommended for women who are pregnant or nursing.

Patient Consent: I understand that results will vary between individuals. Although I may see a change after my first treatment; I may require a series to obtain my desired outcome. The procedure and side effects have been explained to me including alternative methods; as have the advantages and disadvantages. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that the SkinPen treatment is not permanent as natural degradation will occur over time. I state that I have read (or it has been read to me) and I understand this consent and I 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 my questions about the procedure have been answered in a satisfactory manner.

Acknowledgement: This treatment is strictly for cosmetic purposes, and will not be covered by insurance. I am responsible for all costs payable at the time of service and they are non-refundable.

Media/Photo Consent: I give DeFatta Facial Plastics the right and permission to use and/or publish photographs of me for educational/promotional purposes including but not limited to, advertising, publicity, commercial or display of use. Also authorize my photos to be posted on social media, such as Facebook, Twitter, and the office's website page.

Print Name: _____

Signature: _____

Date: _____