

Microneedling Consent Form

For your safety and to ensure maximum benefit to you, please read the following information and follow directions throughout your course of treatment.

<p><u>Contraindications for Microneedling:</u></p> <ul style="list-style-type: none"> Accutane within 6 months Scleroderma Collagen vascular disease Rosacea flare-up Blood clotting problems Platelet abnormalities Anticoagulation therapy (Warfarin, Coumadin) Facial Cancer (past & present) Chemotherapy Steroid therapy Dermatological diseases affecting the face Untreated diabetes Active bacterial or fungal infections Cold sores (herpes simplex) flare-up at mouth Immune suppression Scar on face less than 6 months old 	<p><u>Treatments should not be administered:</u></p> <ul style="list-style-type: none"> Within 1 month of Botox or facial fillers During pregnancy or nursing <p><u>Treatments are not recommended with:</u></p> <ul style="list-style-type: none"> Keloid or raised scarring Eczema or psoriasis on the face Actinic keratosis
---	--

Side effects typically include:

- Your skin may be pink or red, feel warm like a sunburn, or feel tight and itchy. This typically subsides within 12-48 hours.
- Minor flaking or dryness of the skin.
- Discomfort, bruising, swelling, or pinpoint bleeding may occur.
- It is possible to have a cold sore flare if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is very rare, but if you see signs of tender redness or pus, please apply antibiotic ointment.
- Hyperpigmentation (darkening of the skin) is very rare and usually resolves itself within a month.

➤ **Avoid applying products containing fragrances or active ingredients such as Vit C, Vit A, Retinol, acids (lactic acid, AHA, BHA). Avoid scrubs or toners that may cause irritation.**

➤ **Please apply the complementary ORMEDIC products that are included with your treatment.**

- Media release:** by checking this box, I agree to participate in photo documentation of my microneedling treatments. These photos may be used exclusively by Powell Chiropractic and/or Jenna Wilsey, Acupuncture Physician, for purposes of a portfolio, brochures, website, and/or social media posts. Eyes may be blurred out, or only a small area of the face may be seen. Additional request: _____

I have read the above information and agree to follow the recommendations.

Patient Name: _____ Signature: _____ Date: _____

Acupuncture Physician Name: _____ Signature: _____ Date: _____