

**CONSENT FOR MICRO-NEEDLING with or without PRP**

**Description of the Procedure**

Micro-needling treatment allows for controlled induction of the skin’s self-repair mechanism by creating micro “injuries” in the skin, which triggers new collagen synthesis. The result is a smoother, firmer and younger-looking skin. Micro-needling procedures are performed in a safe and precise manner with the use of the sterile proprietary needle head. The procedure is normally completed within 30-60 minutes, depending on the required treatment and anatomical site. PRP (platelet-rich plasma) may be applied during the micro-needling treatment to enhance the desired outcomes of the treatment. This requires withdrawal of your own blood from a vein.

**Side Effects**

After the procedure the skin will be red and flushed in appearance in a similar way to a moderate sunburn with some bleeding. You should also experience skin tightness and sensitivity to touch on the area being treated. These side effects should diminish over the course of the next few day. Bruising, discoloration, peeling, redness, swelling can be anticipated side effects which again should diminish and improve over the next few days.

**Contraindications/Warnings**

Micro-needling is contraindicated for patients with KELOID SCARS, SCLERODERMA, COLLAGEN VASCULAR DISEASE, CARDIAC ABNORMALITIES, HEMORRHAGIC/BLEEDING DISORDERS, ACTIVE BACTERIAL OR FUNGAL INFECTION or people taking blood thinners. Micro-needling has not been evaluated in patient populations that include PREGNANCY OR NURSING, history of ECZEMA or PSORIASIS, ACTINIC KERATOSIS, DIABETES, WOUND HEALING DEFICENCIES, IMMUNOSUPPRESSIVE THERAPY AND SKIN WITH PRESENCE OF RAISED MOLES OR WARTS. In concern for patient safety we will NOT perform micro-needling on patients with the above listed conditions. Additionally patients with a history of cold sores may experience a cold sore breakout after micro-needling especially if not appropriately placed on anti-viral medication preceding treatment and after treatment.

**I AGREE TO THE FOLLOWING STATEMENTS**

I understand that results will vary among individuals, I understand that although I may see a change after my first treatment I will require a series of sessions to obtain my desired outcome.

The procedure and effects have been explained to me, including 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 micro-needling treatment is not permanent as natural skin degradation will occur over time.

I have not been on any blood thinners (including aspirin, coumadin, Plavix, ibuprofen, motrin) for at least 7 days preceding the date of my treatment.

I have not had any facial laser treatments, chemical peels, waxing within the past two weeks.

I have not used any self-tanning products, tanning beds, Retin-A, retinoids, topical antibiotics, exfoliants, hydroquinone and benzyl peroxide 3 days prior to my treatment.

I am not currently pregnant or breast feeding. I also do not have any of the listed conditions listed in this consent under contraindications.

I have been given the pre- and post-micro-needling treatment instructions and understand the anticipated reactions as well as the post-treatment care plan.

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

I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-16). I REQUESTED AND RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

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Patient **or** Person Legally Authorized to Sign for Patient

\_\_\_\_\_  
Surgeon’s Signature

**The Naderi Center - Herndon**

**Patient Name:**  
**«Person\_First\_Name»**  
**«Person\_Last\_Name»**