

Reverza Aesthetic Medicine

SkinPen® Collagen Induction Therapy Consent

_____ I have been candid in revealing any condition or procedure that could prohibit this treatment such as cold sores, pregnancy, recent facial surgery or laser resurfacing, recent injection of Botox/Dysport or facial fillers, recent use of retinol/retinal products or use of Accutane within the last twelve months.

_____ Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the SkinPen and accept responsibility for any medical care that may become necessary. I will immediately contact Reverza Aesthetic Medicine.

_____ I will not scratch, pick, pull at or abrade the treated skin.

_____ I understand that a minimum of SPF 30 sun protection is required daily.

_____ I understand that to achieve maximum results the recommended home care routine must be followed. I understand that if I alter the routine or use products not recommended by the skin care professional the results could be altered or inhibitive.

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

_____ I understand the SkinPen procedure and the potential side effects including redness, swelling, rash, itching, infection, pain have been explained to me including alternative methods, as have the advantages and disadvantages.

_____ I understand and have been 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 a microneedling treatment is not permanent as natural degradation will occur over time.

I acknowledge that I have read and understand the information and instructions of SkinPen. I feel I have been adequately informed of the risks of SkinPen as well as alternate methods of treatment. All of my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement. With this in mind, I hereby consent to a SkinPen treatment, performed by Dr. Asirof of Reverza Aesthetics.

Name & Signature of Patient

Date