

Consent For Eclipse Micropen Treatment

_____ The Eclipse Micropen skin needling system 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 smoother, firmer and younger looking skin. Skin needling procedures are performed in a safe and precise manner with the use of the sterile Micropen 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 in a similar way to moderate sunburn. 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. There is a slight possibility that peeling or flaking may occur. After 3 days the skin will return to a normal or near normal appearance.

_____ I understand I may not receive the Eclipse Micropen treatment if I have Keloid scars; 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 contraindications include; scleroderma, collagen vascular diseases or cardiac abnormalities; Blood clotting problems; active bacterial or fungal infection; immuno-suppression; scars less than 6 months old.

_____ I confirm I am not currently pregnant or nursing and agree I will inform the technician if I do become pregnant, or am nursing in the future. I understand I cannot receive Eclipse Micropen treatments while pregnant or breastfeeding.

_____ I understand that results will vary between 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. 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 Micropen treatment is not permanent as damage can be recreated.

_____ I consent to the use of photographs for recordkeeping purposes; these photographs may be taken before, during and after my treatments.

_____ I consent to the use of these photographs for providing information to other clients and to the public about my treatment. They may be shown during client consultations, as well as public promotional lectures and demonstrations, and may be reproduced in educational, instructional and promotional literature and on the Setty Plastics and Aesthetics website. My identity will not be compromised.

_____ I understand that a physician will be available for evaluation and follow up issues. Determination for an appointment with a physician will be made in consultation with management and myself.

_____ I have been given the PRE and POST treatment instructions sheet and will follow these instructions. I will inform the technician if I have not been able to follow these instructions.

_____ I have read and understand all the information presented to me before signing this consent. I understand the risks of side effects, despite proper treatment, exist in **all** cases, but can be greatly reduced by following the pre and post treatment instructions given to me. I understand the purpose of the procedures.



_____ I state that I have read this consent form (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.

MICROPEN PRE-TREATMENT INSTRUCTIONS

FOLLOWING CONDITIONS WILL PROHIBIT TREATMENT WITH THE MICROPEN:

- **Active Acne, Rosacea or other inflamed conditions.**
- **Pregnant or Breastfeeding.**
- **Open Wounds.**
- **Currently taking Accutane, or have taken Accutane in the last 6 months.**
- **Sunburnt skin on the area being treated.**
- **Scleroderma, collagen vascular diseases or cardiac abnormalities.**
- **Blood clotting problems, active bacterial or fungal infections, immune-suppression.**
- **Areas that have had injectables within the last 2 weeks.**

For those prone to facial outbreaks such as herpes (medication must be taken 48 hours after treatment).

Numbing cream will be applied 15-20 minutes prior to treatment.

MICROPEN POST-TREATMENT INSTRUCTIONS

AVOID SWEAT, HEAT AND SUN EXPOSURE FOR THE FIRST 72 HOURS AFTER TREATMENT.

POST TREATMENT PRODUCTS: Use **Avene SOS kit** or **ZO Post Procedure kit** daily with a sunscreen with both chemical and physical blockers. Avoid sun for a least one week.