



SkinPen Informed Consent

(Microneedling)

Last Name, First Name	DOB	Date
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SkinPen is used to safely and effectively treat facial acne scars and improve skin texture with little downtime. Microneedling induces the skin's self-repair process by creating micro-injuries in the skin, which triggers new collagen synthesis. SkinPen creates these micro injuries without posing the risk of permanent scarring.

Areas with active herpes simplex infections, raised moles or warts and scars or stretch marks less than one year old will be avoided. A minimum of 3 SkinPen treatments are recommended, with at least one month between treatments.

Disclosure:

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo SkinPen treatment. This disclosure is not meant to alarm you; it is simply an effort to inform you so that you may give or withhold your consent of this treatment.

Patients who are pregnant or nursing should not have this treatment. _____

Active cancer patients should not have this treatment. _____

Patients who have collagen vascular diseases, cardiac abnormalities, diabetes, wound healing deficiencies, hemorrhagic disorders or hemostatic dysfunction should not have this treatment. _____

Patients currently on immunosuppressive therapy should not have this treatment. _____

Patients with a history of keloid formation, hypertrophic scarring, eczema, psoriasis or actinic (solar) keratosis should be treated with caution. _____

Patient is 18 or older and has requested SkinPen treatment in order to improve scarring and the overall texture of their skin. _____

Patient has not taken Accutane within the past year. _____

Common side effects of SkinPen include: red/flushed, tight and/or sensitive skin (similar to moderate sunburn)

These symptoms should subside within a few hours of treatment and should complete go away after 24 hours. Three days post treatment, there is barely any evidence that the procedure took place however, skin may appear dry for up to a week after treatment.

Consent:

1. I hereby authorize the following treatment: SkinPen. _____
2. I have been informed of the risks/side effects of SkinPen treatment. _____
3. I have been given the before and after SkinPen treatment information. _____
4. I agree to follow the provided SkinPen post treatment care instructions. _____
5. I understand additional SkinPen treatments may be required to reach desired results. _____
6. I understand I have the right to refuse SkinPen treatment. _____
7. A copy of this form is available to me. _____

By signing below, I acknowledge that I have read the above information and understand the risks of SkinPen. I hereby consent to SkinPen Microneedling treatment, performed by trained staff of SCG Skin Rejuvenation.

Patient _____ Date _____

Witness _____ Date _____

Medical Director _____ Date _____

Date: _____ Initial: _____

Date: _____ Initial: _____

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