

Radiofrequency Microneedling Consent Form

.....representative has explained to me that I am a good candidate for radiofrequency microneedling treatment. Although the treatment has been shown to be highly effective, no guarantees are made that I will benefit from treatment. I understand that the most common side effects and complications from this treatment include, but are not limited to:

Pain: moderate level of discomfort, sharp, and/or burning sensation. Topical anesthetics and anesthetic injections will be used to lessen this pain.

Skin redness: treated areas initially appear red; will diminish over the few days

Skin induration: treated areas may be firm initially, but resolves without intervention

Superficial crusting / blanching: sometimes occurs within first few days of treatment

Skin darkening: hyperpigmentation or “tanning” of the skin may occur in treated areas and will diminish over the following months. This is most likely in patients with olive or dark skin tones, and can worsen if treated areas are irritated or exposed to sun.

Skin lightening: hypopigmentation or light spots can appear as a delayed response to treatment, especially if the skin has already received prior treatment. Pale areas can darken or re-pigment in several months, but it could be permanent.

Scarring: risk of this is minimal, but can occur whenever the skin’s surface is disrupted. Strict adherence to all advised postoperative instructions will minimize the risk.

Infection: reduce the possibility with appropriate use of antibiotics, antivirals, and makeup as instructed, frequent hand washing, pet avoidance, etc.

Itching/Tingling/numbness: temporary sensations associated with the anesthetics, and general healing process that do not require intervention

Allergic reaction: reactions to anesthetics and oral medications are possible

Acne or Milia formation/dermal atrophy or depression: this is possible and can not be prevented

or predicted. May require additional treatment.

By providing my signature below, I acknowledge that I have read and understood all of the information above, and within the Pre and Post treatment Radiofrequency Microneedling Treatment sheet. I feel that I have been adequately informed of my alternative treatment options, the risks of the proposed treatment, and the risks of not treating my skin. I hereby freely consent to the Radiofrequency Microneedling treatment byand clinical staff, and authorize the taking of clinical photographs to document my clinical progress.

Client Signature.....

Provider Signature.....

Date.....