

SKINPEN CONSENT

PATIENT _____

DATE OF BIRTH _____

ADDRESS _____

PHONE _____

EMAIL _____

PAST MEDICAL HISTORY _____

PRIOR SURGERIES (ESPECIALLY FACIAL) _____

MEDICATIONS _____

ALLERGIES _____

The SkinPen is a tool designed to stimulate your skin's natural ability to produce new collagen by creating micro-channels in the skin with the use of sterile, disposable needles. These needles penetrate the skin causing "injury", which stimulates new collagen. New collagen can improve fine lines and wrinkles, reverse years of sun damage, enhance skin tone and texture, improve acne scars and hyperpigmentation which results in a smoother, firmer and younger-appearing skin.

This procedure typically is completed within 30-60 minutes. Results can be seen in one week and up to 6 months as collagen continues to be produced.

The SkinPen is versatile and can be used on all parts of the body: face, neck, décolletage, arms, hand, legs, abdomen and back, as well as darker skin tones.

Please Initial the following:

_____ I understand and am aware of the most likely risks and complications of SkinPen include but are not limited to: - Red/Flushed appearance - Persistent Itching - Bruising - Significant Inflammation - Skin Tightness - Cutaneous eruption - Sensitivity to touch

_____ I do not have any of the following medical conditions that would prevent me from receiving the SkinPen treatment:
- History of Keloid scars - Active bacterial or fungal infection - Scleroderma/
Collagen Vascular diseases - Pustular or Nodular Rosacea - Bleeding disorder and/or taking blood thinner

Precautions and Warnings:

Micro-needling treatment has not been evaluated in the following patient populations, therefore precautions should be taken when determining whether to treat: scars and stretch marks less than one year old; women who are pregnant or nursing; Keloid scars; patients with history of eczema, psoriasis and other chronic conditions; patients with history of actinic (solar) keratosis; patients with history of herpes simplex infections; diabetics or patients with wound-healing deficiencies; patients on immunosuppressive therapy; and skin with presence of raised moles or warts on targeted area.

Consent:

Your consent and authorization for this procedure is strictly voluntary. Your signature on this consent form authorizes Conifer Medical Aesthetics to perform the SkinPen for the treatment area you choose. As with any cosmetic procedure, there is no guarantee that you will be completely satisfied. Additionally, results vary among individuals and it may require a series of sessions to obtain your desired outcome. I have read this informed consent form and certify that I understand the contents in full. My signature indicates that I am consenting to receive treatment and have had the opportunity to ask questions about the procedure and its risk. I have been advised of the risks involved in such treatment and alternative treatments, including no treatment at all.

I understand that I release Conifer Medical Aesthetics, its associates, the Medical Supervisor, and the employees from any liability associated with complications from this procedure.

Patient Name (Print)	Patient Signature	Date
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I am the treating doctor/healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

Practitioner Name (Print)	Practitioner Signature	Date
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