PracticallyPerfect
MEDICAL AESTHETICS

SkinPen Consent Form

Patient Name: _____ DOB: _____

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.

COVID-19 Precautions:

1. Have you had a fever within the last 21 days? No_____ Yes_____
2. Are you having any of the following symptoms; Cough, profound fatigue, sore throat No_____ Yes_____
3. Have you traveled outside of Texas within the last 21 days? No_____ Yes_____
4. Have you been in contact with or been tested for the COVID-19 within the last 21 days? No_____ Yes_____

Please Initial the following:

_____ The details of the procedure have been explained to me in terms I understand.
_____ Alternative methods and their benefits & disadvantages have been explained to me.
_____ I understand an aware of the most likely risks and complications of *SkinPen* include but not limited to:

- Red/Flushed appearance
- Bruising
- Skin Tightness
- Sensitivity to touch
- Persistent Itching
- Significant Inflammation
- Cutaneous eruption

_____ I do not have any of the following medical conditions that would prevent me from receiving the *SkinPen* treatment;

- History of Keloid scars
- Scleroderma/Collagen Vascular diseases
- Bleeding disorder and/or taking blood thinner
- Active bacterial or fungal infection
- Pustular or Nodular Rosacea

Precautions and Warnings:
Micro-needling treatment has not been evaluated in the following patient populations, such 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 Practically Perfect Aesthetics, Inc. 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 it's 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 Practically Perfect Aesthetics, Inc., its associates, the Medical Supervisor, and the Nurse Practitioners from any liability associated with complications from this procedure.

Patient Signature:_____ Date:_____

Provider Signature:_____ Date:_____