

Genius Consent

Lutronic Genius® is an innovative radiofrequency microneedling system that has revolutionized non-surgical skin rejuvenation. This intelligently designed device utilizes gold-plated needles and advanced technology to precisely deliver radiofrequency energy. Lutronic Genius® is FDA approved to stimulate natural production of collagen and elastin for a smoother, firmer, more refreshed appearance.

IF YOU HAVE A GOLD ALLERGY, YOU NOT PROCEED WITH TREATMENT-- please ask your provider if you have any questions.

The procedure may result in the following adverse experiences or risks:

DISCOMFORT/PAIN - Some discomfort and/or pain may be experienced during treatment. Pain may include the feeling of burning, stinging, and radiating pain. A topical anesthetic will be applied to your skin prior to the treatment.

SWELLING - Swelling (edema) of the treated area is common and may occur. Swelling typically resolves in a few days.

REDNESS - Redness (erythema) of the treated area is common and may occur. Redness typically resolves in a few weeks.

SKIN COLOR CHANGES - During the healing process, there is a possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but on rare occasion, may be permanent.

MILIA/ACNE - Ointments that occlude hair follicles, sweat ducts, and/or sebaceous ducts may lead to milia/acne formation. This is more common in patients with a history of oily skin or cystic acne.

WOUNDS - Treatment can result in burning, blistering, or bleeding of the treatment area. It is important that you do not pick or scratch the sites as this may lead to permanent scars or promote infection.

INFECTION - Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, blisters, or surrounding redness, please call our office immediately.

CONTACT/ALLERGIC DERMATITIS OR SKIN SENSITIVITY - Potential increased sensitivity, irritation/itching or allergic reaction of the skin due to skin surface disruption may occur.

SCARRING - Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is very important that you follow all post-treatment instructions provided by your healthcare staff.

TREATMENT PATTERN - A persistent spot size pattern may be apparent on the treatment area. This is usually temporary, but on rare occasion, may be permanent.

PETECHIAE - Petechiae (small red or purple spots on the skin) may appear for several weeks after healing and clear without treatment.

DILATED PORES - Collagen contraction that occurs as part of the resurfacing process may also contract the skin between the pores, which widens the existing pores. This occurrence, though rare, is permanent.

SUN EXPOSURE/TANNING BEDS/ARTIFICIAL TANNING - May increase the risk of side effects and can cause adverse effects.

I have been advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated. Therefore, there can be no guarantee as expressed or implied either as to the success or other results of the Lutronic Genius® procedure.

I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education and training. No photographs revealing my identity will be used without written consent.

I have had the opportunity to ask any questions about the Lutronic Genius® procedure including risks or alternatives, and I acknowledge that all my questions about the procedure and after care have been answered in a satisfactory manner.

I have been candid in revealing any existing or new condition (s) that I have. My technician has asked me if I had any further questions and I do not. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I understand the procedure, the risks and the benefits.

Full Name in Print:

Date signed:

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Signature