

SkinPen® Procedure Consent Form

This form is designed to provide you with the information you need to make an informed decision on whether or not to have a SkinPen® procedure performed. If you have any question or do not understand any part of this consent, please do not hesitate to ask us.

I hereby authorize **LUXE Medical Aesthetics** to perform SkinPen® procedure on me. I understand that the procedure is purely elective and I have chosen to receive treatment.

I understand the nature of my condition, the nature of the procedure, the alternative treatments available, and the benefits to be expected compared with alternative approaches. I understand that optimal results are achieved only with a series of treatment and that I will not see optimal results after one treatment. The need to complete a treatment plan has been fully explained to me.

- The SkinPen® Precision system is a microneedling device and accessories intended to be used as a treatment to improve the appearance of facial acne scars in adults aged 22 years or older.
- Microneedling procedures are performed in a minimally-invasive and precise manner with the use of the sterile needle head.
- After the procedure, the skin will be red and flushed in appearance, like a moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on certain areas. This will diminish significantly within a few hours following the procedure. Within the next 24 hours, the skin will soften appear to have returned to normal. After three days, there is rarely evidence that the procedure has taken place.
- I understand that results of microneedling procedures will vary among individuals. I understand that although I may see a change after my first procedure, I may require a series of sessions to obtain my desired outcome.

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 microneedling procedure. I am aware that the microneedling procedure is not permanent and natural degradation may occur over time.

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 microneedling 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.

Patient Signature

Print Patient Name

Date

Physician Signature

Print Physician Name

Date