

PRE CARE, Please allow the following waiting times for specific procedures (on area to be treated)

- Dermal Fillers / Botox - 2 weeks
- IPL / Laser treatments - 2 weeks
- Isoretinoin (e.g. Roaccutane) - 6 - 12 months post treatment
- Laser Resurfacing/Ablative - 8 weeks
- Recent facial operations - At least 3 months post surgery
- Strong chemical peels - PH lower than 3.1. - wait 2 weeks
- Tattooing / Cosmetic Tattooing - 3 months

Stop using/taking 1 week before commencing treatments:

- Anti-inflammatory medications such as ibuprofen. These will interfere with the natural inflammatory process that is critical for your skin rejuvenation.
- Benzoyl peroxide / adapelene (Differin)
- Exfoliants and/or AHA or BHA
- Fish Oils / Plant oils / Omega 3s
- Ginseng / Gingko Biloba / St Johns Wart
- Hydroquinone / kojic acid / azelaic acid
- Retinoids
- Topical antibiotics
- Waxing or depilatory creams on the area to be treated

POST CARE ADVICE

Avoid touching the treatment area for up to 24 hours, particularly with unwashed hands. Touching may cause irritation and infection.

DO NOT EXPOSE YOURSELF TO THE SUN

After you have undergone your microneedling procedure the skin channels will be completely open for up to 24 hours. Topical products should be avoided as well as staying out of the sun. Do not apply any sunscreen for 24 hours due to the chemicals that may be contained in the lotion. After 24 hours UV exposure should be minimised for 2 weeks and a minimum SPF 30 should be used.

DO NOT USE ANY “ACTIVE INGREDIENT” SKIN PRODUCTS

Post procedure avoid any skin care product that has active ingredients. These commonly include things like AHA's BHA's, Retinol, Vitamin C, Tyronaise inhibitors and other similar agents. The skin may be sensitised and such ingredients will exacerbate this sensitivity. We recommend avoidance for minimum of 7 - 14 days.

AVOID THE USE OF MAKEUP AFTER TREATMENT

It is imperative that you let your skin “breathe” and recover for 24 hours after the procedure. The skin channels are open, and using a makeup brush can cause further irritation And/ or infection. Wait 24 to 48 hours before you apply makeup to give your skin the necessary recovery time. You can use make up after 24 hours. Thoroughly clean your make up brushes before use.

AVOID SWEATING

Avoiding activities that could make you hot and sweaty for 24 hours will prevent extra inflammation

USE A COLD COMPRESS

You may use a clean, cold compress if you have excess redness.

USE AN ANTIOXIDANT SERUM/ COLLAGEN STIMULATING PEPTIDES

Antioxidant serums have properties that assist in healing the skin. Serums assist in soothing the skin and further reduce irritation. Collagen stimulating peptides assist in giving the skin more collagen to help recover after microneedling and further aiding in the stimulation of collagen production.

DRINK WATER

It is important to stay hydrated before and after your procedure to help your skin heal and rejuvenate faster.

I _____(client's name) confirm that I understands the risks and conditions associated with a microneedling treatment and the products used.

The Microneedling treatment is typically used for skin rejuvenation and improvement of scars. This treatment uses an automated device to create controlled micro injuries to the epidermis of the skin. This process kickstarts the skins healing abilities and in turn stimulates many of the skin functions like the production of collagen and elastin which inevitably slow down with age. LED Light Therapy is a skin rejuvenation treatment that exposes skin to different wavelengths of visible light to address a variety of skin conditions and boost the overall radiance of the skin. Dermafusion products will be used in conjunction in order to introduce active ingredients for an enhanced and more targeted treatment.

Reactions from this treatment include: skin redness and tenderness, tightness, itching, stinging, swelling and some pinpoint bleeding.

Effects will usually typically resolve within hours and many people are able to return to their normal activities the same or next day. Some people may react differently and may experience these reactions for longer. However, these reactions are temporary and typically resolve within 3-4 days as the skin returns to normal.

There is a small risk of side effects causing the skin to turn very red, blister, swell, peel and later scab and crust. In severe cases infection and ulceration may result, although this is not expected to occur due to the sterility of the microneedling device and the minimally invasive nature of the micro needles.

I confirm that the medical history and medication details that I have supplied are complete and correct and that there is no other medical information I need to disclose. I understand that withholding any medical information may be detrimental to my health and safety during the treatment in which I agree to undertake. If there is any change in my medical history, it is my responsibility to advise the practitioner before further treatments are carried out.

I confirm that I understand the risks and conditions associated with the treatment. These have been fully explained to me and I have had the opportunity to ask any questions and these have been answered to my satisfaction. Development of any reactions must be reported to the practitioner as soon as possible.

I have been given post treatment advice and I understand and agree to follow all the care instructions carefully to minimise the risk of side effects.

I consent to the taking of (pre and post-treatment) photographs to monitor treatment effects. Patient confidentiality can be maintained at all times.

I also consent / do not consent (please circle as applicable) to these photographs being used for:

Educational purposes: Yes/No

Website: Yes/No

Social media: Yes/No

I understand that I am free to withdraw my consent at any time.

I have read the above consent, and I confirm that by signing this form I consent to undergo treatment. I confirm that the information I have supplied is correct and take responsibility to inform of any change in my medical history.

Client's Signature: _____

Therapist's Signature: _____

Date: _____

Date: _____