

MICRONEEDLING

consent form

Client full name: _____ Date: _____

Treatment area: _____

Description of procedure

Microneedling is a minimally invasive cosmetic procedure that involves the use of fine needles to create controlled micro-injuries in the skin. These micro-injuries stimulate the skin's natural healing process, encouraging collagen and elastin production. The primary goals of microneedling include improving skin texture, reducing the appearance of fine lines and wrinkles, minimizing scars and stretch marks, and enhancing overall skin rejuvenation.

Consent

I, the undersigned client, hereby consent to undergo microneedling treatment on the treatment area stated above. I have received an explanation of the procedure, including its purpose, benefits, potential risks, and alternative treatments.

I understand that microneedling may involve risks and side effects, including but not limited to:

- Temporary redness and swelling
- Skin irritation and discomfort
- Bruising and minor bleeding
- Infection (rare, with proper aftercare)
- Hyperpigmentation or hypopigmentation (rare)

I acknowledge that alternative treatments or procedures may be available to address my skin concerns. I have discussed these alternatives with my practitioner and chosen microneedling as my preferred option.

Client Initials: _____



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I understand that individual results may vary, and it may take several sessions to achieve the desired outcome. I have realistic expectations regarding the results of microneedling.

I agree to follow all post-procedure instructions provided by my practitioner, including proper skincare, sun protection, and avoiding certain products.

I have provided accurate and complete information regarding my medical history, including any pre-existing medical conditions, current medications, allergies, and skin conditions. I have also disclosed any history of previous cosmetic procedures or surgeries.

I have had the opportunity to ask questions and received satisfactory answers about microneedling. I voluntarily consent to undergo this procedure, understanding the associated risks and benefits.

DISCLAIMER

I have read and fully understand this consent agreement and all of my questions have been answered to my satisfaction. I hereby give my full consent to the procedure, releasing LINS LUXE LASER and associates from any liability related to it.

Client Signature

Date

Technician Signature

Date