



Informed Consent for Microneedling with DermaFrac

Patient: _____ **Date:** _____

This consent form is designed to verify that you have been satisfactorily informed and educated with respect to your DermaFrac™ skin care treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. Please read and initial each paragraph.

I understand that DermaFrac™ is a superficial treatment of the skin.

Client Initials _____

I understand that the DermaFrac™ treatment is accomplished by using a machine that uses a hand piece that creates minute micro-channels into the skin. These micro-channels stimulate the body to increase cell turnover and allow for high grade solutions to be delivered deeper into the skin.

Client Initials _____

The DermaFrac treatment utilizes high grade solutions that are delivered deep in the skin for greater effectivity. I understand that the Solutions are generally tolerated very well by most patients; however, there may be irritation to my skin.

Client Initials _____

It has been explained to me that in order to see significant results these treatments need to be done in a series and in combination with active ingredient skin care products.

Client Initials _____

I acknowledge that immediately after my procedure all treated areas may feel warm and appear sunburned and could feel wind burned. My skin may feel dry and sensitive for several days after the treatment.

Client Initials _____

I understand that compliance with my after-care instructions will greatly affect my final result.

Client Initials _____

Acne Patients: It has been explained to me that I may experience a slight acne flare-up, and that my acne condition may temporarily look worse for a few days after a DermaFrac™ treatment.

Client Initials _____

Patients that are undergoing a series of treatments: I acknowledge that complete compliance to my skin care program will enhance the outcome of my DermaFrac™ treatments. This includes the use of SPF 30 sun protection over the treated areas on a daily basis during my treatment series.

Client Initials _____

I understand that there can be no guarantee as to how effective the outcome of my treatment(s) will be. There also can be no **guarantee** that dark discoloration (e.g. hyperpigmentation or melasma), stretch marks, or fine lines and wrinkles will be reduced or fade. It has been explained to me, and I understand, that these conditions will respond much better when part of an overall skincare program.

Client Initials _____

I have read and initialed each paragraph and have been satisfactorily informed of the benefits, risks, and complications in regards to DermaFrac™. **I consent to this DermaFrac™ treatment today and for all subsequent DermaFrac™ treatments.**

Patient Signature:

_____ Date: _____

