

Consent for Micro-needling with PRP

Procedure:

An innovating, anti-aging procedure to stimulate collagen and elastin while minimizing hyper-pigmentation and deep pitted scarring. The procedure consists of the blood draw that is spun in a centrifuge for approximately 10 minutes to separate the platelet rich plasma or PRP, which is applied to the top of the epidermis. Next, a certified trained professional uses a Skin Peninstrument to fractionate the epidermis and drive the nutrient-rich PRP and pure hyaluronic serum into the dermal-epidermal junction to give a smooth, even-toned glow.

Micro-needling treatment allows for controlled induction of the skin's self-repair mechanism by creating micro-injuries in the skin, which triggers new collagen synthesis, yet does not pose the risk of permanent scarring. The result is firmer younger-looking skin.

Safety:

All required precautions and equipment-specific guidelines will be followed to ensure the utmost safety during treatments. Micro-needling procedures are performed in a safe and precise manner with the use of the sterile needle head. The procedure is normally completed in 75-90 minutes, depending on the required treatment and anatomical site.

Limitations:

I understand the Micro-needling with PRP is an elective cosmetic procedure and that there is no guarantee or medical claims made or implied regarding its effectiveness of my actual results. A series of treatments are necessary to achieve maximum benefits.

Discomfort:

Mild to moderate discomfort may be experienced during treatment which can result in bleeding, dryness, flaking and/or scabbing of the treated areas. A Topical lidocaine base (LPT) cream will be applied to small or medium area while your platelet rich plasma is prepared. The numbing or LPT cream is available and included in your treatment plan. (Note: Although, the numbing agent does help ease some of discomfort associated with the micro-needling procedure, it may not completely absorb all the sensitivity during treatment).

Immediate Side Effects:

After the procedure, the skin will be red and flushed in appearance in a similar way to moderate sunburn. You may also experience skin tightness and mild sensitivity to touch of the area being treated. This will diminish greatly after a few hours following treatment and within the next 24 hours most clients experience complete epidermal healing; however, it could take up to 72 hours before all side effects of the treatment less evident.

Redness/Swelling/bruising:

Short-term erythema (redness) or edema (swelling) of the treated area is common and may occur. In rare cases, one may have mild to moderate bruising in a localized area.

Contraindications:

Micro-needling treatment is contraindicated for patients with keloid scars, scleroderma, collagen vascular disease or cardiac abnormalities, a hemorrhagic disorder or haemostatic dysfunction, active bacterial or fungal infection. (Please let your skin care professional know if any of the following and/or symptoms are a concern).

- * Active cold sores
- * Skin with open wounds
- * Sunburn
- * Excessively sensitive skin
- * Dermatitis
- * Inflammatory rosacea
- * History of significant allergies or prone to epidermal rashes
- * Accutane (isotretinoin) use within the last year

Precautions and Warnings:

Micro-needling treatment has not been evaluated in the following patient populations and as such precautions should be taken when determining whether to treat: scars and stretch marks less than one year old; women who are pregnant and/or actinic (solar) keratosis; patients with history of herpes simplex infection (fever blisters); diabetic or patient with wound-healing deficiencies; patients on immunosuppressive therapy; and skin with presence of raised moles, warts and/or other lesions which will be avoided during treatments .

Infections:

Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop (pain, heat or surrounding redness) please call 818-247-2170.

Continued Consent:

A concern form is a legal document between patient/client and the treating medical professional and/or facility. Lantry Aesthetics and skin care. The consent shall apply to all subsequent Micro-needling with PRP treatments.

Guarantee:

No warranty or guarantee is offered or implied.

Patient consent:

_____ I understand that the results will vary among individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desire outcome. The procedure and side effects have been explained to me including alternative methods, as have the advantage and disadvantages. I am advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated. I understand that there is no guarantee or warranty expressed and/or implied either as to the success and/or other results of the treatment. I

am aware that the micro-needling with PRP procedure is not permanent, as natural degradation will occur over time.

_____ I hereby consent to having my blood drawn by Lantry Aesthetic and skin care medical professional and I fully understand that it is my responsibility to provide a list of ALL medications that I am currently on and/or taking; Medication for blood thinning and/or anemia should be discussed with the nurse or other medical professional prior to blood being drawn. Risk involved with having blood drawn include; slight discomfort, bleeding, bruising and/or mild swelling around the injection sight.

I am a competent adult of at least 18 years of age. My signature attests to the fact that I have fully read and understand this entire consent form and the information contained herein. I have had any and all my questions and/or concerns answered to my satisfaction. I agree to all the terms and/or conditions pertaining to the micro-needling treatment with PRP. I accept both known and unknown risk inherent in undergoing this procedure and any other micro-needling treatments thereafter. (Parent or legal guardian's signature is required if under 18 years of age).

Signature: _____ Date: _____

Patient/ Legal Guardian: _____ Date: _____

Client Name (Please Print): _____