

Last Name: _____ First Name: _____ D.O.B: _____

Consent for Mesotherapy/ Microneedling

General information

Mesotherapy involves the injection of a customized mixture of vitamins, amino acids, and medications, placed just millimeters into the skin. Mesotherapy is used for cosmetic purposes such as spot fat reduction, cellulite removal, face and neck rejuvenation, hair loss, and alopecia. Microneedling, or Collagen Induction Therapy (CIT), utilizes a micro needle device that creates micro-needle punctures to the skin surface. As a consequence, the repair process releases numerous growth and healing factors that stimulate new collagen to be deposited under the skin surface. This repair process will continue over 12 to 16 weeks after the treatment. Multiple treatment sessions are usually required to achieve the maximum cosmetic result.

Potential Side Effects/ Complications

- **Erythema (Redness), Swelling, Bruising**
- **Hyperpigmentation:** In rare cases, a patient may experience slight darkening of the skin, usually in response to unprotected sun exposure. I understand that in order to prevent hyperpigmentation, I must refrain from deliberate sun exposure and/or tanning beds for at least four weeks. Use of daily sunblock of at least SPF 30 is essential after the treatment.
- **Cold Sores:** Patients with a history of cold sores may experience an outbreak after micro needling. If I am prone to cold sores, I will inform my clinician so that she can pre-treat me accordingly.
- **Infection:** Rare but possible.
- Persistent nodules or granulomas
- Vascular compromise (rare but serious)

I agree to follow the instructions given to me by the clinic to the best of my ability before, during, and after the procedure. I understand that patient compliance with post-treatment care, and regular return visits are critical to the success of the treatment. I acknowledge that I have thoroughly read and understand the post-treatment instructions, have notified my clinician of changes to my medical history, and that the information I have supplied is correct.

Contraindications

- Known allergy or hypersensitivity to any of the components used in the treatment
- Active infection, inflammation, or skin disease in the treatment area
- Pregnancy or breastfeeding
- Autoimmune diseases or immunosuppressive conditions
- Bleeding disorders or use of anticoagulant medications
- Uncontrolled chronic medical conditions such as diabetes or hypertension

Post treatment instructions

- Avoid alcohol, aspirin, ibuprofen, or other blood-thinning medications for at least 24 hours before treatment.
- Avoid touching, rubbing, or applying pressure to the treated area for 24 hours.

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- Avoid excessive sun exposure, heat (e.g., saunas or hot tubs), and strenuous exercise for 24–48 hours.
- Notify your provider if you experience unusual or concerning symptoms, such as severe pain, significant swelling, or signs of infection

Photographs

I authorize the taking of clinical photographs for my medical chart and understand they will be kept private and confidential, unless I have agreed to the use of my photos for marketing purposes.

Acknowledgment and Consent

By signing below, I confirm that:

- I have provided an accurate medical history and disclosed all allergies, medications, and health conditions.
- I understand the nature, purpose, risks, and potential complications of mesotherapy treatment.
- I understand that no guarantees have been made regarding the outcome of the procedure.
- I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.
- I voluntarily consent to mesotherapy treatment administered by my provider.

Signature:

Date: