



Consent for MICRONEEDLING

Thank you for choosing Alazzo Med Spa, LLC. This form is exclusively related to Collagen Pin also known as MicroNeedling. Please read this form thoroughly and ask any questions that you may have prior to treatment. This consent will serve for all Collagen Pin treatments performed and does not need to be renewed. Sign only after you feel comfortable enough to get started.

Procedure: I am consenting to have Collagen Pin performed. A state approved practitioner including a doctor, physician assistant, nurse practitioner or a nurse will do my procedure. Collagen Pin can assist in reducing the appearance of fine lines and wrinkles, acne scarring, and stretch marks as well as improve the overall texture and appearance of the skin by boosting collagen, adding elasticity and decreasing skin laxity.

Collagen Pin Operation: Collagen Pin is a noninvasive and nonsurgical aesthetic procedure that involves micro-needling to loosen parallel fibers of scar collagen resulting in an increase of new collagen that will thicken the dermis and raise the base of the scar, stretch marks, fine line or wrinkle. The procedure will take about an hour. Prior to the procedure a topical Lidocaine will be placed directly at the treatment site. (Allergy to Lidocaine will prevent use of numbing agent) The area to be treated will be cleansed followed by micro-needling of the treatment area. Products will be applied before, during and after the treatment. Please disclose any and all allergies to your provider PRIOR to your treatment. Results cannot be guaranteed. Multiple treatments performed every 4 weeks are recommended for maximum results. Number of treatments and results are dependent on the area to be treated as well as the severity of the condition requiring correction.

Restrictions:

- " No Accutane use for prior six months
- " History of keloid scarring (scars that are raised and grows beyond the wounded area) is contraindicated.
- " Wounds, infection, moles, active acne, rosacea or inflammation in the treatment area will be avoided or recommend postponement of treatment.
- " 4 weeks between Collagen Pin and any other treatments (IPL, LHR, MicroResurfacing).
- " 2 weeks between Collagen Pin and any neurotoxin treatment.
- " 2 weeks between Collagen and any dermal filler treatment.
- " History of cold sores may require prophylaxis anti-viral medication
- " Pregnancy or Lactating is considered safe without use of topical active ingredient. A note from your doctor is recommended (Please let us know if you are pregnant or trying to become pregnant).
- " Use of anticoagulants or other medication that impede coagulation or platelet aggregation will increase risk of bruising (use of non-steroidal anti-inflammatory drugs NSAIDs, including aspirin for analgesia or for daily low dose, is permissible.)
- " Any known or suspected systemic or chronic diseases will need a note from your doctor.

Standard Side Effects: During the treatment the most frequently reported side effects were pressure, tingling and warmth. After the treatment the most frequently reported side effects were mild discomfort, tingling, swelling, redness or bruising. Peeling and warmth with redness were reported but not as common.

Uncommon Side Effects:

- " Delayed Hypersensitivity Allergic Reaction: Allergy not present prior to treatment. Onset days to weeks post treatment. Body aches, fever, weakness and redness.

If you have any questions after reading these guidelines, please do not hesitate to call us for clarification.



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" Post-Inflammatory Hyperpigmentation: Darkening of the treated area. Incidence increases in darker skin types. Use of sunscreen is imperative to prevent this occurrence.

Pre Treatment Instructions: Refrain from taking anti-inflammatory medications or drinking alcohol immediately prior to treatment as these actions can thin the blood leading to bruising.

Post Treatment Instructions: Make up or Sunscreen can be applied 24 hours after treatment. Sun Protection is imperative for several weeks after treatment. Post treatment products will be discussed with you at the time of your procedure. Avoid alcohol-based toners for 10-14 days post treatment.

I am at least 18 years of age and my signature below attests that I have all of my questions answered to my satisfaction, I am comfortable with the information received in this consent and I agree to the terms outlined in this consent.

Patient Signature _____

Provider Signature _____

If you have any questions after reading these guidelines, please do not hesitate to call us for clarification.