

Donna Johnston, MD: Micro-needling Consent for Treatment

I _____ hereby give my consent to undergo Collagen Induction Therapy (Micro-needling) treatments provided by _____ (Donna Johnston, MD or her staff.)

I understand this technique involves the introduction of fine needles through the skin. The purpose is to create micro-channels in the skin allowing the infusion of active ingredients (such as platelet rich plasma, hyaluronic acid, growth hormone and others) to penetrate deeply and effectively into the dermis, nourishing the skin and stimulating the regrowth of collagen. A series of 4 to 6 treatments are recommended and the frequency will depend on the intensity and depth of the needle.

I understand that the treatments require many small injections on the areas to be treated. I understand that the administration of numbing cream may be used if deemed needed.

Micro-needling is NOT suitable in these circumstances:

- Have used Accutane (isotretinoin) within the last year.
- Have open wounds, cuts, or abrasions on the skin.
- Have had radiation treatment to the skin within the last year.
- Have any kind of current skin infection, condition, herpes simplex in the area to be treated.
- Are pregnant or breast feeding.
- Have any history of keloid and hypertrophic scars or poor wound healing.

I understand there are some risks associated with any procedure. The following are possible reactions with Micro-needling: temporary bruising, skin discomfort during injections, redness or swelling, lightening or darkening of the skin, itching and burning. Skin infections is a possibility any time an injection or surgical procedure is done. Side effects are most of the time temporary and typically resolve within 3 days. Total healing time depends on the depth of the treatment, skin type, and skin condition, and some patients may heal completely in 24 hours.

This procedure may cause minor flaking or dryness of the skin with scab formation in rare cases. Milia (small white bumps) may form; these can be

removed by the practitioner. Hyper-pigmentation (darkening of certain areas of the skin) can occur very rarely and usually resolve after a month. Freckles may temporarily lighten or permanently disappear in treated areas. Other potential risks include but are not limited to: crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result. Permanent scarring is extremely rare.

By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me. I acknowledge that no promises or guarantees have been made to me as to the result of the treatment.

I am aware that the results achieved by this treatment may vary from person to person. Some patients typically notice an immediate glow, but visible improvement will take about 2-4 weeks and can continue for up to 6 months.

I am aware this is not covered by my insurance and I know I am responsible for payment of these services with no fee reimbursement regardless of procedural results. I understand the fee paid is for the procedure and not for an expected result. I understand the payment is due the day of my procedure. _

The benefits and risks of the procedure have been explained to me, and I accept these benefits and risks. The nature of my medical or cosmetic condition has been explained to my satisfaction as have been any risks of harm. I am also aware of and accept the risk of rare and unforeseen complications which may or may not have been discussed and which may result from this treatment. I have had the opportunity to ask questions and seek clarification of this procedure and its alternatives including no treatment and my questions have been answered satisfactorily.

I hereby give my voluntary consent to have this treatment performed on me.

Patient name (printed): _____

Patient signature: _____ Date: _____

Patient's Date of birth: _____ Date: _____

Signature of staff/witness: _____ Date: _____