



Microneedling Pre-Post Treatment Instructions

Pre-Treatment Information & Instructions

- Avoid sun exposure for 24 hours prior to the procedure. If you have been over-exposed to the sun (sunburn) in the days preceding your appointment, please call our office to reschedule
- Allow 2 weeks after spray or self-tanning lotions before your SkinPen procedure.
- Discontinue the use of topical products containing Retin-A, Retinol, or Vitamin A for 72 hours prior to your SkinPen procedure.
- Wait at least six months post isotretinoin (Accutane) use before your SkinPen procedure, as isotretinoin use may impair wound healing and increase risk of scar tissue formation
- If you are on autoimmune therapy, ask your Dermatologist if you should refrain from taking any medications prior to your SkinPen procedure.
- If you are prone to herpes simplex infections, such as cold sores, ask your Dermatologist whether prophylaxis therapy is appropriate prior to the procedure.
- You are advised to keep your skin clean of cosmetics or sunscreen for 48 hours post-procedure.
- This procedure may not be performed on active breakouts or open lesions. Please consult your Dermatologist prior to your SkinPen procedure to address any such issues
- The treated area may be pink and mildly inflamed (similar to the appearance of a mild sunburn) for 24-48 hours following your SkinPen procedure.

Post-Treatment Guidelines

- Avoid strenuous exercise or excessive perspiration for the rest of the day, as excess blood flow and sweat can cause discomfort and irritation to compromised skin
- Avoid use of any topical products not provided by our skincare professional for specific use with this procedure, for 48 hours. This includes but is not limited to cosmetics, cleansers, sunscreens, moisturizers, etc.
- Strictly avoid sun exposure, as you will not be wearing sunscreen. You may return to sunscreen 48 hours following the procedure. Continue to minimize sun exposure for one week.
- Follow the specific skincare regimen provided by your skincare professional.

By signing below, I agree that I have read and understand the above information, and that my questions have been fully answered to my satisfaction.

Witness Signature

Date

Patient/ Agent/ Guardian Signature

Date