



MicroNeedling Consent Form

I hereby authorize Meridian Acupuncture & Wellness Center Inc., or any delegated associates to perform Microneedling or Nanoneedling Therapy. I understand that this procedure is purely elective.

What to Expect from Microneedling:

- Depending on the area of your face or body being treated and the type of device used (i.e. needle length), the procedure is well-tolerated and in some cases virtually painless, feeling only a mild prickling sensation.
- Your practitioner may apply a topical anesthetic to your skin prior to treatment to reduce any pain and discomfort.
- Your skin will be pink or red in appearance, much like a sunburn, for a couple of hours following treatment (2 – 36 hours)
- Minor bleeding and bruising is possible, though rare, depending on the length of the needle used and the number of times it is pressed across the treatment area.
- Your skin may feel warm, tight, and itchy for a short while. This should subside in 12-48 hours.

Nanoneedling uses silicone tips, which do not penetrate the skin but enhance collagen production, blood flow, absorption of serums, and overall rejuvenation. Typically, there is no downtime.

Possible Side-Effects:

- Side effects or risks are minimal with this type of treatment and typically include minor flaking or dryness of the skin with scab formation in rare cases.
- Milia (small white bumps) may form.
- Hyper-pigmentation (darkening of certain areas of the skin) can occur very rarely and usually resolves after a month.
- If you have a history of cold sores, this procedure may cause flare ups. It is recommended taking an antiviral medication if you are concerned about an outbreak.
- Temporary redness and mild-sunburn effects may last up to 4 days.
- Freckles may temporarily lighten or permanently disappear in treated areas.
- Other potential risks include: crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result. Permanent scarring (less than 1%) is extremely rare.
- I acknowledge that if I fail to use minimal sunscreen (SPF 30) I am more susceptible to sunburn, skin damage and hyperpigmentation.
- I acknowledge that this treatment is strictly an elective cosmetic procedure and that no medical claims have been expressed or implied. Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case. It often takes 4-8 treatments to see results, which vary individually.
-

2831 Camino Del Rio South, Suite 218 ♦ San Diego, CA 92108
Phone 619-325-0771 ♦ Fax 619-876-5077 ♦ www.meridianacupuncture.net



MicroNeedling Consent Form (continued)

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 understand the following contraindications listed below and will notify my provider if any of the following apply to me:

- Active infections - viral, fungal, bacterial
- Rashes, warts, skin cancer
- Active acne
- Immune-suppressed patients
- Skin-related autoimmune disorders
- Pregnant or breast-feeding
- Patients on anticoagulants (NSAIDS, ASA, Coumadin/Warfarin)
- Recent ablative dermal procedures
- Rosacea, eczema, or psoriasis on the face
- Diabetes
- Actinic (solar) keratosis
- Keloids
- Chemotherapy or Radiotherapy
- Inactive cancer treatment

Please make sure to report if you have had any Western interventions such as injections and/or fillers (Botox, Juvederm Dysport, Restylane). I can still perform MicroNeedling treatment that integrates with these interventions:

History of treatments performed in the past six months: _____

I understand my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent and fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability Meridian Acupuncture or any of its officers, directors, employees or staff for any condition or result, known or unknown that may arise as a result of any treatment that I receive.

Signature: _____

Date: _____

2831 Camino Del Rio South, Suite 218 ♦ San Diego, CA 92108
Phone 619-325-0771 ♦ Fax 619-876-5077 ♦ www.meridianacupuncture.net