

Consent Form

CLIENT INFORMATION

DATE:\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

NAME: D.O.B:\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Pre-Treatment Photos Taken: YesNo

About Code X treatment:

Microneedling is a minimally invasive procedure for skin. Uses thin needles to make tiny holes in the top layer of skin. The damage helps stimulate skin's healing process, so it produces more collagen and elastin. These proteins keep your skin firm and smooth.

The procedure rejuvenates Collagen III & Collagen I, most abundant end-product of healed tissue. The skin will be nourished, oxygenated, and restructured from the inside out, all without destroying the epidermis.

This process of skin renewal occurs continuously in the skin and takes around 30-40 days, 4-6 weeks to complete.

Promotes Wound healing Stretch marks

Skin rejuvenation Wrinkle care

Aging care Acne scars

Age or sun spots Fine lines and wrinkles

Enlarged pores Uneven skin tone

Scalp(Alopecia) treatment

What to expect:

The skin may be red and swollen for one to two days with a light grazing over the treated area appearing on day two. Most patients can return to work within 24 hours of treatment.

Multiple treatments are usually necessary to achieve significant improvement to lines and scars. Treatment effects are cumulative and will usually be seen within 4-8 weeks of each treatment. Treatments can be safely repeated every 6-8 weeks

May cause some discomfort as it is delivered. A topical anaesthetic cream maybe applied before treatment to minimise discomfort.

Precautions:

Aspirin, Nurofen, Vitamin E and any homeopathic herbs and vitamins that are blood thinning drugs all cause increased bruising. For this reason, it is advised that you abstain from taking them prior to treatment - optimally two weeks prior to treatment, however (3) days prior is acceptable.

If not stopped two weeks prior (if possible), you may experience more bruising and transient swelling in the treatment area, causing a longer time for skin recovery. If you take blood thinners for a **medical condition** and cannot stop taking them prior to treatment, you may experience the above-mentioned conditions more severely. The skin will recover; however, you must expect longer recovery time.

Cold sores or Herpes Simplex: If prone to cold sores, you will need to take an anti-viral drug such as Zovirax, Valtrex or another prescribed by your Physician. Take the medication as prescribed for 1 week prior and one week after the lip, or full face MICRONEEDLING procedure.

Contraindications:

Roaccutane use within the last 6 months Pregnancy

Keloid tendency Anaesthetic allergies

Active bacterial/fungal infections Skin cancer

Herpes simplex (anti-viral medication may be required) Papulopustular rosacea

Anti-coagulant medications Cardiac conditions, pacemaker

Solar keratosis Raised moles or warts

Very irritated skin Active acne/eczema

Be aware of any skin infections Avoid extended sun exposure, tanning beds for at least one week before and after treatment

patient’s declaration

I have read and understood all the information provided and I have had the opportunity to ask any questions concerning the nature of the treatment, its expected results, and its possible risks and complications.

It has been explained to me that the results of CODE X treatment can vary from patient to patient. I understand that the results will become visible gradually over a period of one to six months, and that most patients will benefit from more than one treatment.

I am not pregnant & lactating, no implanted devices, such as a pacemaker, not on Roacutane decimate, no skin infections, not on blood thinners and no vascularity problems and I have disclosed any other medical conditions to my practitioner. I have also disclosed all medications, both prescription and non-prescription, that I am taking to my practitioner.

I consent to the taking of photographs of the area to be treated before each treatment, and also at any follow-up consultations. I give my consent for these photographs to be used for the purposes of education and research, and for information about the procedure on this clinic’s website, on the understanding that my identity will not be disclosed and that I will not be identifiable from the photographs.

PATIENT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

nurse / therapist’s declaration

I have fully explained to the patient the nature and purpose of CODE X treatment and the potential risks associated with the treatment. I have asked the patient if he/she has any questions regarding this treatment or the risks associated with it, and have answered all questions to the best of my ability.

THERAPIST’S NAME:

THERAPIST’S SIGNATURE: DATE:\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

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