

THERAPIST _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

PHONE _____

CONSENT FORM FOR PRODUCT

THIS DOCUMENT HAS BEEN GIVEN TO:

LAST NAME: FIRST NAME:

DATE OF BIRTH: / /

ADDRESS:

PHONE:

Please read and complete this consent form, making certain that you understand all the information provided and that you agree to and understand the treatment program.

I have been informed that:

the micro-needling/mesotherapy treatment is designed to improve skin quality but not perfect it. I understand that results differ from person to person and personal maintenance between sessions is important. It is delivered by a series of superficial injections and multipunctures.

The use, indications, contraindications and potential adverse effects of the treatment with Product have been explained to me. I have answered all the questions in a health questionnaire, truthfully with regard to my medical and aesthetic history. I have declared any known allergies or potential contraindications. I was able to ask all the questions I wanted and was given satisfactory answers. My therapist has given me information regarding complications, potential side effects and pre and post treatment care.

I, understand that possible side effects are;

- Redness or mild local inflammation can occur after the treatment but usually disappears within some days.
- Mild edema and small ecchymosis (bruising) may occur, but disappear within 48 hours.
- Transient pain at the injection site is possible.

These reactions can persist for one week; reactions occurring beyond that or the onset of any other adverse events must be reported to your therapist or GP as soon as possible.

I, the undersigned, declare that I have been made aware of and perfectly understand the information provided to me about microneedling/mesotherapy administered for aesthetic purposes. I give permission for the therapist, expressly without any reservations, after taking time for reflection, to carry out the treatment. I have read and understood the instructions for pre and post care and consent to undergo the procedure.

PATIENT

Print name:
Date: / /

Signature
(preceded by the mention "read, understood and approved")

THERAPIST

Date: / /

Signature