Infinite Skin
Aesthetic Medical Spa

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EndyMed Intensif RF Skin Microneedling Informed Consent

Description of the Procedure
Intensif Microneedling treatment allows for controlled induction of the skin's self-repair mechanism by creating micro-"injuries" in the skin, which triggers new collagen synthesis, yet does not pose the risk of permanent scarring. The result is smoother, firmer and younger-looking skin. Intensif Microneedling procedures are performed in a safe and precise manner with the use of the sterile needle head. The procedure is normally completed within 30-60 minutes, depending on the required treatment and anatomical site.

Side Effects
After the procedure, the skin will be red and flushed in appearance in a similar way to moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on the area being treated. This will diminish greatly after a few hours following treatments and within the next 24 hours the skin will be almost completely healed. After three days there is barely any evidence that the procedure has taken place.

Contraindications
Intensif Microneedling treatments are contraindicated for patients with: keloid scars, scleroderma, collagen vascular diseases or cardiac abnormalities, a hemorrhagic disorder or haemostatic dysfunction, active bacterial or fungal infection.

Precautions and Warnings
Intensif Microneedling treatments have not been evaluated in the following patient populations, as such, precautions should be taken when determining whether to treat: scars and stretch marks less than one year old; women who are pregnant or nursing; keloid scars; patients with history of eczema, psoriasis and other chronic conditions; patients with history of actinic (solar) keratosis; patients with history of herpes simplex infections; diabetics or patients with wound-healing deficiencies; patients on immunosuppressive therapy; and skin with presence of raised moles or warts or targeted area

I understand that the treatment by the EndyMed Intensif system involves a series of treatments and the fee structure has been fully explained to me. _____ (initial)

I also understand that there are other options for wrinkle and rhytide treatments that are available and each of these other options have been fully explained to me. _____ (initial)

I DO NOT have a pacemaker, or other implanted metal device, nor do I have arrhythmia or other known heart disease/ailment. _____ (initial)

I DO NOT have any implanted metal plates around the treatment area. _____ (initial)

I HAVE NOT taken any medication that affects the characteristics of the skin such as Accutane or Isotretinoin. _____ (initial)

I AM NOT currently pregnant or nursing. _____ (initial)

I DO NOT HAVE any piercings or permanent make-up in the treatment area. _____ (initial)

I DO NOT have an autoimmune disorder or untreated diabetes. _____ (initial)

I AM NOT being treated for a blood clotting disorder, nor do I take medication associated with a clotting disorder. _____ (initial)

Since the results of this procedure are considered cosmetic, they are generally not reimbursable by government or private health care insurers. Payment in full is required at the time of service and is non-refundable. I also understand that the cost of additional treatments in order to help me achieve my desired goals will be my financial responsibility. _____ (initial)

The risks associated with each of the contraindications listed above have been explained to me and I fully understand the agreement. _____ (initial)

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this EndyMed Intensif treatment today and for all subsequent treatments. _____ (initial)

PHOTOGRAPHS:

I DO _____ (initial) ***OR***

I DO NOT_____ (initial)

Give permission for photographs and other audio-visual and graphic materials to be used by the technician for marketing or education-promotion purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Patient Signature: _____ Date: _____

Printed Name: _____

Technician Signature: _____ Date: _____

Printed Name: _____