

**NOVAS, DOHR & COLL
OB/GYN ASSOCIATES, S.C.
Medical Spa**

SKIN PEN CONSENT

I understand that results will vary among individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome.

The procedure and side effects have been explained to me including alternative methods, as have the advantages and disadvantages.

I understand that I must discontinue the use of NSAIDs, such as ibuprofen (Advil, Motrin, Nuprin) and naproxen (Aleve, Naprosyn), blood thinners, aspirin, fish oil, and vitamin E 5 days prior to the procedure.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that microneedling treatment is not permanent as natural degradation will occur over time.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask any questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner.

I have been given, read, understand and signed the pre and post treatment instructions.

This consent form is valid until all or part is revoked by me in writing.

Signature

Date