

Collagen Induction Therapy Microneedling Informed Consent

I, _____ have requested microneedling collagen induction therapy to improve my facial wrinkles, brown spots, scars and/ or skin surface.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

I understand that 3 – 6 treatments may be necessary to achieve my goals.

RISKS AND SIDE EFFECTS:

Side effects are usually minimal and complications are unusual if you follow post-treatment instructions.

I understand that I may experience:

- ___ pinpoint bleeding for 12 – 24 hours
- ___ erythema for 24 – 72 hours
- ___ scabbing for 72 hours or more
- ___ peeling and dryness starting day 3 and lasting until day 5 - 7
- ___ hyperpigmentation will occur if sunblock is used incorrectly
- ___ infection resulting in scarring if exposed to dust, dirt or pets

I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this procedure today and for all subsequent treatments.

Patient's Signature: _____ Date: _____

Kimberly Cockerham MD, FACS