



Medical Skincare & Permanent Cosmetics

Microneedling Consent Form

Date: _____
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Referred By: _____

Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure, such as:

- Pregnancy/nursing
- Allergies
- Diabetes
- Use of Retin-A, glycolic acids, Accutane
- Recent facial peels or surgery
- Tendencies to cold sores/fever blisters
- Hormonal Therapy
- Botox (within 10 days) or Fillers (within 30 days)

RejuvaPen may not be used directly on any of the below conditions. I have disclosed any of the health

- Open sores or lesions
- History of skin cancer
- Active acne (unless used with GFs)
- Eczema
- Broken/ irritated skin, including conditions such as hives or dermatitis
- Any stage of melanoma
- Rosacea (unless used with GFs)
- Raised surface
- Any type of skin infection

INITIAL BELOW:

_____ I understand there are no guarantees to this procedure.

_____ I understand there may be some degree of minor discomfort (scratchiness, itchiness and bruising).

_____ I understand that to achieve maximum results, I will need several ongoing treatments and will need to use daily products to heal and protect my skin.

_____ I understand that the possibility of irritation and redness exists and that I should notify my skin care professional if irritation persists.

_____ I will follow the home care program specifically designed for me without changing or adding any products without consulting with my skin care professional.

_____ I agree to all of the above to have this treatment performed on me and will follow all prescribed directions regarding post treatment care.

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 www.JenSpa.com

_____ I _____ (patient's name) understand the REJUVAPEN will be used to treat skin tightening, acne scarring, wrinkles or lift/firm the skin. I have been examined by my physician and have been cleared for this procedure.

_____ I understand that most patients look as though they have a moderate to severe sunburn and my skin may feel warm and tighter than usual. Most patients usually recover within 24 hours or less, but sometimes redness may persist for several days. Because the device may penetrate the skin there can be risk of infection. If this occurs, a follow up appointment will be required for further treatment.

_____ I grant permission to JenSpa to reproduce the photographs taken of me, or members of my family, for the purpose of publication on web or any and all promotion, illustration, advertising, or trade, in any manner or in any medium.

The above points of information have been specifically discussed and made clear and I have had the opportunity to ask any questions concerning this information.

I now authorize _____ to begin my treatment with REJUVAPEN

Patient Name: _____

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Esthetician Signature: _____ Date: _____