Dermapen® Micro Needling: Patient Consent for Treatment

Thank you for choosing Honolulu MedSpa! In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this consent form and ask all questions necessary to help you fully understand it.

A. Purpose and Background: Dermapen® is an FDA-approved electronic fractional micro needling device that is used to rejuvenate the skin and improve the skin surface by reducing fine lines, expression lines, wrinkles, enlarged pores, and acne scars. The concept of Micro Needling is based on the skin’s natural ability to repair itself whenever it encounters physical injury such as cuts, burns and other abrasions. As the Micro Needling device moves across the skin, it makes pinpoint punctures to create very minor micro-“injuries.” In response to the perceived “injury,” a cascade of growth factors is released, which in turn triggers new collagen synthesis. This process has two major benefits - it effectively stimulates collagen formation and provides a clear channel for topical serums to be absorbed through the surface of the skin. By persistently triggering this healing process with a series of Micro Needling treatments, the body keeps repairing the skin incrementally and cumulatively to offer a result similar to fractional laser treatments or chemical peels, but without the side effects and extended downtime. The result is smoother, firmer and younger looking skin. Once the desired result has been achieved, it is important to maintain collagen stimulation by returning for quarterly maintenance treatments. While most commonly used on the face, Micro Needling can also be used to restore and regenerate the skin on the neck, chest, and hands. Micro Needling is safe for all colours of skin and all types of skin.

B. Procedure: Micro Needling is performed in a safe and precise manner with the use of a sterile, disposable tip that allows effective treatment to hard-to-reach places (e.g. around the eyes, nose, and lips). Prior to the procedure, topical anesthetic cream is applied for patient comfort. The basic Micro Needling treatment includes the application of healing gels and serums during the procedure. When Micro Needling is administered as a part of the Vampire Facial, the patient’s own blood-derived growth factors and platelet rich plasma (PRP) are applied during the procedure. The entire procedure is normally completed within 30-60 minutes depending on the required treatment and the anatomical site. New healthy skin appears about 4 weeks after treatment and can last up to two years.

C. Discomfort & Risks: The sensation of Micro Needling is uncomfortable (described as a stinging sensation), particularly in areas of bony prominence and where the skin is thinner such as the neck and around the eyes. Immediately following the procedure the skin will feel tight, dry, swollen, and sensitive to the touch. It will also look and feel sunburned. The sensitivity and redness will diminish significantly within 24 hours. Other common short-term side effects include itching, discomfort, pinpoint bleeding or bruising, scabbing, and darkening of the treated area. Additionally, the skin may look and feel like sandpaper; these effects generally last 2-7 days as the treated skin flakes off and is replaced by new tissue. While adverse reactions are extremely rare, there is a possibility of temporary side effects including but not limited to: infection, scarring, skin and tissue necrosis, herpes simplex outbreak, hyperpigmentation (darkening of the skin), and hypopigmentation (lightening of the skin). Darkening or lightening of the skin usually fades within 6 months, but in rare cases, could be permanent. This reaction is more common in patients who are tan or who have darker skin tones. It can result or worsen when treated areas are exposed to the sun too soon following treatment. This risk can be minimized by avoiding sun exposure for 4 weeks before and after treatment and by adhering to pre and post treatment instructions.

D. Alternatives: Micro Needling is strictly a voluntary cosmetic procedure; no treatment is necessary or required. Alternative treatments may include, but are not limited to: topical cosmetic creams, microdermabrasion, dermabrasion, chemical peels, laser resurfacing, other skin procedures, botox, dermal filler, plastic surgery, or no treatment.

E. Clinical Photography: I understand that clinical photographs may be taken at each appointment and are considered a confidential and essential component of my medical record. The photographs will not be used for or disclosed for any media purposes without my signed permission on a separate media consent form.

F. Results Not Guaranteed: I understand that although good results are expected, there cannot be any guarantee or warranty, expressed or implied, that I will be completely satisfied by the outcome or that I will not require additional treatment and/or ongoing treatment to achieve the result I seek. I understand that Micro Needling treatments will not cure any medical conditions nor provide immunity against re-occurrence of such conditions. New fine lines, wrinkles, scars, enlarged pores, and other forms of skin irregularity and aging may appear with new sun exposure, including unintended incidental sun exposure, and/or as a result of the natural aging process; however they too can be treated. The number of treatments and results of treatment vary per patient and may be affected by the following factors, including but not limited to: degree of skin irregularity, sun exposure, weight gain or loss, patient age, skin conditions, individual medical history, medications, individual lifestyle choices, patient compliance with pre/post treatment instructions, and individual response to treatment. I understand and acknowledge that payment for the above procedure is non-refundable and that if more correction is desired then I will be responsible for purchasing additional treatments to achieve the outcome I desire.

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G. **Complete Medical History:** I have truthfully and accurately disclosed all personal medical history information including but not limited to: all previous aesthetic procedures; invasive medical procedures; my use of all medications, drugs, herbs, vitamins, or other supplements of any kind; and all known allergic reactions. I understand that failure to do so may negatively affect my treatment outcome. I further understand that elective aesthetic procedures should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that the providers at Honolulu MedSpa are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of each treatment should be construed as such. Because treatments should not be performed under certain medical conditions, I affirm that I have disclosed all my known medical conditions and all medications I am currently taking. I agree to keep Honolulu MedSpa updated as to any changes in my medical profile and understand that there shall be no liability on Honolulu MedSpa’s part should I fail to do so.

H. **Topical & Oral Medications:** I understand that prior to each treatment it is imperative that I report any topical or oral medications (prescription and non-prescription) that I am currently using or have used in the last 90 days. Should I begin using any new medications during the course of my treatments, I will inform my provider. I release Honolulu MedSpa of any and all responsibilities relating to adverse reactions due to non-disclosure.

I. **Pre & Post Care Compliance:** I acknowledge that Honolulu MedSpa has provided me with a copy of the “Pre and Post Care” instructions for this procedure. I understand it is important to follow these instructions to maximize treatment results and to minimize the chance of an adverse reaction. I accept all responsibilities of adverse reactions due to noncompliance with pre and post treatment care guidelines.

J. **Questions & Concerns:** I agree if I have any questions, prospective adverse reactions, or concerns regarding my treatment, I will contact Honolulu MedSpa within 2 weeks from the time of treatment to make arrangements to be evaluated. I understand that if I do not contact Honolulu MedSpa within 2 weeks from the time of treatment then Honolulu MedSpa may not be able to accurately determine whether my question or concern is directly related to the procedure. If I choose to consult my own physician or seek any other medical attention it is at my own expense.

K. **Pregnancy (female patients only):** Even though there is no evidence of complications, we will not perform this treatment if you are pregnant. I certify that I am not currently pregnant. I agree that if I become pregnant at any time during the course of my treatments I will inform Honolulu MedSpa.

L. **Release of Liability:** I release all Honolulu MedSpa staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Hawaii.

M. **Binding Arbitration Agreement:** In the case of any dispute, I agree to make a good faith effort to resolve the matter directly with Honolulu MedSpa. If the matter cannot be resolved directly with Honolulu MedSpa I agree to forego litigation and submit to binding arbitration in the state of Hawaii.

N. **Certification of Consent to Proceed with Treatment:** I understand that this treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. I understand that if I am not willing to accept all risks associated with this procedure then I should not have the Micro Needling procedure. I certify that all my questions have been addressed and answered to my satisfaction, that I have read this entire consent, and that I understand and agree to the information herein. I understand that to receive Micro Needling at Honolulu MedSpa, I must comply with all stipulations outlined in this consent form; if I do not agree then I will not be able to proceed with treatment. I freely and voluntarily accept all risks associated with Micro Needling and elect to proceed with treatment today as well as future and ongoing treatments.

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