

All Things Vain medi spa

Micro-Needling with Platelet Rich Plasma (PRP) Consent Form

I authorize All Things Vain Medi Spa to perform my micro-needling/Dermapen treatments with platelet rich plasma (PRP). I understand that this procedure is elective. Micro-needling/Dermapen treatment with PRP is not recommended for those who:

- Are pregnant to breast feeding
- Have herpes, active cold sores, psoriasis, warts, raised moles, sun burn, or active skin infection the day of the treatment
- Have been taking Accutane
- Have had laser, waxing, or a chemical peel in the last week

What to Expect

- Depending on the area of your face or body being treated, the procedure is well-tolerated and in some cases virtually painless, feeling only a mild prickling sensation.
- You can have topical anesthetic applied to your skin prior to treatment to reduce or eliminate pain or discomfort.
- Your skin will be pink or red after treatment, much like a sun burn for a few hours following.
- Minor bleeding and bruising is possible depending on the number of times it is pressed across an area.
- Approximately 20cc of blood are drawn from the patient in the same way blood samples are taken for lab tests in order to obtain the PRP.
- Tubes of blood are placed in a centrifuge where it is spun in order to separate the red blood cells from the PRP. The PRP is either injected or applied topically onto the skin.
- Your skin may feel warm, tight, and itchy for the first few hours after treatment.
- Do NOT wash treated area for 24 hours.
- Read and follow the post-treatment instructions.

Possible Side Effects

- Side effects are minimal with this type of treatment and typically include minor flaking or dryness of the skin with scab formation in rare cases.
- Milia (small white bumps) may form; these these can be removed by the practitioner.
- Hyper-pigmentation can occur very rarely and usually resolves after a month.
- Temporary redness and mild sunburn effects may last up to 4 days.
- Freckles may temporarily lighten or permanently disappear in treated areas.
- Crusting, itching, discomfort, bruising, infection, swelling and failure to achieve the desired result.

I UNDERSTAND THAT I SHOULD ONLY APPLY PRODUCTS RECOMMENDED BY MY MEDICAL AESTHETICIAN POST TREATMENT.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS MICRONEEDLING AND PRP CONSENT FORM AND THAT THE BENEFITS AND RISKS OF THE PROCEDURE HAVE BEEN EXPLAINED TO ME AND I ACCEPT THESE BENEFITS AND RISKS.

Print Name: _____

Signature: _____ Date: _____

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