



Patient's Name :-	
Patient ID	
Age:	Gender: male/female
Date:	Location:

INFORMED CONSENT FOR MICRONEEDLE RADIOFREQUENCY

TREATMENT AREA: _____

I. _____, have read and provided with an explanation of this consent form regarding Microneedling Radiofrequency procedure.

Brief description of procedure :

Microneedle radiofrequency involves insertion of fine electrodes mechanically into the skin followed by the discharge of small amount of radio frequency energy at the desired depth. This leads to stimulation of new collagen production and restructuring of old collagen bundles in the skin.

Multiple sessions may be required based on the severity of the skin condition. Skin may continue to improve till 3 months – 6 months after a treatment. Even after multiple sessions, the complete eradication of the skin problem may not happen and maintenance sessions may be required for maintaining the improvement.

Strict sun protection is advised for a few days after the procedure to avoid any adverse effects of the treatment.

Intended benefits:

Reduction of acne scars, other scars, photo ageing , stretch marks, skin laxity, improvement of skin texture, wrinkles and fine lines.

I understand that all procedures carry certain risks. The potential risks and complications from the procedure are:

1. Pain. The stinging or burning sensation from the procedure can produce a moderate amount of discomfort. An anesthetic cream, oral and injectable pain relievers and anti-anxiety medications will typically be used to minimize discomfort.
2. Redness: redness resembling a sunburn can occur in treated area. The redness will typically subside in 1 to 7 days, but could last longer.

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3. Swelling: Treatment may cause swelling which subsides in 1 to 7 days and can be minimized with application of cool water compresses.

5. Skin darkening: Darkening of the skin rarely occurs in the treated areas and will usually fade within 1 to 6 months. This reaction is more common when treated areas are exposed to the sun. It is extremely important to protect the treated area from sun exposure with a hat and sunscreen for 6 weeks after treatment and carefully adhere to all post-treatment instructions.

6. Blisters or scabs: Blistering is uncommon but can develop with treatment. Blisters will go away within 2 to 5 days and may be followed by a scab. The scab will disappear during the natural wound healing process of the skin. During this time, the area should not be manipulated or picked, which can lead to scarring.

7. Infection: Swelling, crusting, pain, or fever could indicate an infection or reactivation of cold sores or fever blisters. This may require use of topical or oral antibiotics and/or antiviral agents.

8. Acneiform eruptions: Breakouts from acne have been reported to occur after treatment with laser resurfacing. If this occurs, topical or oral antibiotics may be required.

9. Scarring: There is a risk of skin scarring, including abnormal raised and/or depressed scars with any resurfacing procedure. Careful adherence to all advised postoperative instructions will help reduce the possibility of this occurrence.

10. Lesion persistence or failure to respond: Some skin conditions may not improve or go away completely despite the best efforts made by the doctor. No guarantees can be made regarding any individual's response to treatment.

11. Additional side effects: There are risks associated with any procedure. Since it is impossible to state every risk or complication that may occur as a result of treatment, the possible risks and complications listed here may be incomplete. There may be risks or complications associated with this treatment that are not yet reported in the literature.

The treatment is contraindicated in patients currently taking anti-coagulants, active skin infection, compromised immune system, impaired healing (e.g. keloid scar formers), pregnancy, and pacemaker

I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like medical treatment, fractional lasers, chemical peels, dermabrasion, microneedling and botulinum toxin and fillers.

I declare that I have received & fully understood the information provided in this consent form, that I have given an opportunity to ask questions relating to my alignment, the procedure being performed, its risks, consequences, alternatives, potential; complications and intended benefits and recovery and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind.

Signature: _____

Patient Full Name: _____

Signed by the above on ____ / ____ / ____ at ____ : ____ AM / PM