



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.

