Dermapen / Dermaroller - Consent Form

CONSULTING ROOM
Your Aesthetic Partner

CLIENT INFORMATION

Full Name: Date of Birth:

Address: Email:

Telephone:

You must be informed about your skin, your condition and proposed treatment, including the potential benefits and risks involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent to the treatment program.

I, _____ of (address as above) have requested a Dermapen/Roller Treatment to attempt to improve my facial expression lines, skin tone and texture and/or scarring. The practice of derma micro-needling is not an exact science, and no guarantees can be or have been made concerning expected results.

I understand that several appointments may be necessary to reach the desired results.

RISKS AND SIDE EFFECTS:

Side effects and complications are usually minimal. Occasionally, you may experience redness, bleeding, temporary scarring, dryness and or discomfort. I have been advised of the risks involved I such treatment, the expected benefits of such treatment, and alternative treatment, including no treatment at all.

I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures.

I certify that I have read, and that I have had enough opportunity for discussion and to ask questions.

I consent to this procedure today and for all subsequent treatments.

CLIENT DECLARATION

I confirm I have had the opportunity to ask questions, that these have been answered to my satisfaction, and that I freely choose to proceed with my treatment.

Client Signature: Date:

Practitioner Signature: Date:

We would like to thank NATA (nataonline.co.uk) for their help in verifying that all the consent forms are complete.