

Microneedling Consent Form

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It is important you understand and consent to the treatment Dr Kathy Schaefer and/or a qualified health care worker is providing. Sign this form after you understand the procedure, the anticipated benefits, the risks, the alternatives, and when all of your questions have been answered.

I hereby authorize Dr. Kathy Schaefer and any assistants the doctor deems appropriate, to perform microneedling with Hyaluronic serum or with PRP, platelet rich plasma. It has been explained to me the potential benefits of the procedure; rejuvenated smoother skin, less noticeable scars, less wrinkles and fine lines, reduction of large pores, and tightening of the skin. It is used to treat acne scars, alopecia, abnormal skin pigmentation, stretch marks, and loose skin.

However, I understand there is no certainty that I will achieve these benefits, with no guarantee made to me regarding the outcome of the procedure. I also authorize the administration of sedation as may be deemed advisable or necessary for my comfort.

It has been explained to me that there are risks and possible undesirable consequences associated with this procedure including, but not limited to, swelling, infection, discomfort at the site, bruising, scarring, blood loss, flaking of the skin, prolonged redness, or inflammatory reaction. In the unlikely event that one or more of the above inherent complications may occur, Dr Schaefer will take appropriate and reasonable steps to help manage the clinical situation and be available to me and my family to address our concerns and questions.

Patient Name (Print)

Patient Signature

Date

Doctor Signature

Date

Witness Signature

Date