Rejuvapen

Status: activeForm type: defaultCompany: Acme Inc

DISCLAIMER

DisclaimerThis consent form ensures you fully understand the Rejuvapen microneedling procedure, including its purpose, expected results, potential risks, and aftercare requirements. Please read this document carefully before signing. If you have any questions, ask your practitioner to explain further. Rejuvapen is a microneedling treatment that uses a device fitted with fine needles to create tiny punctures in the skin. These micro-injuries stimulate the body's natural healing process, encouraging the production of collagen and elastin. This can improve skin texture and firmness, reduce fine lines and wrinkles, minimise the appearance of scars, and enhance overall skin quality. The benefits of Rejuvapen include improved skin tone and texture, reduced pore size, and a fresher, more youthful appearance. It is a minimally invasive procedure with relatively short recovery times compared to more aggressive treatments. However, all cosmetic procedures carry risks. Possible side effects may include redness, swelling, tenderness, pinpoint bleeding, bruising, dryness, or peeling. Less common but more serious risks include infection, scarring, hyperpigmentation or hypopigmentation, and allergic reaction to topical serums used during treatment. Results may vary depending on your skin type, age, and lifestyle factors, and multiple sessions may be required for best results. Alternatives to Rejuvapen include chemical peels, microdermabrasion, laser resurfacing, topical skincare treatments, or choosing no treatment at all. Aftercare is essential to achieve optimal results and avoid complications. You must keep the skin clean, avoid touching or scratching the treated area, and use only the aftercare products recommended by your practitioner. You should avoid sun exposure, swimming, saunas, hot tubs, and strenuous exercise for the time period advised. Make-up should not be applied until the skin has healed sufficiently. You must provide accurate medical information, including any skin conditions, history of cold sores, use of retinoids, recent sunburn, or any active infections, as these may affect suitability for treatment or healing. Informed Consent and Photography I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.