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GOODFACE

Collagen Induction Therapy Consent Form

I, _____, hereby give my consent to undergo Collagen Induction Therapy (Micro-needling) treatments provided by _____ (Master Esthetician at The Goodface). Please Initial:

_____ I understand this technique involves the introduction of fine needles through the skin. The purpose is to create micro-channels in the skin allowing the infusion of active ingredients (such as: vitamin C, hyaluronic acid and others) to penetrate deeply and effectively into the dermis, nourishing the skin and stimulating the regrowth of collagen. A series of 4-6 treatments are recommended and the frequency will depend on the intensity and depth of the needle.

_____ I understand that the treatments require small injections on the area(s) to be treated.

_____ I understand that the administration of numbing creams may be used if deemed needed.

MICRO-NEEDLING IS NOT SUITABLE IN THESE CIRCUMSTANCES

- Have used Accutane (Isotretinoin) within the last year
- Have open wounds, cuts, or abrasions on the skin
- Have had radiation treatment to the skin within the last year
- Have any kind of current skin infection, condition, herpes symplex in area(s) to be treated
- Are pregnant or breast feeding
- Have a history of keloid or hypertrophic scars or poor wound healing

_____ I understand that there are some risks with any procedure. The following are possible reactions with Micro-needling: temporary bruising, skin discomfort during injections, redness or swelling, lightening or darkening of the skin, itching, and burning. Skin infection is a possibility any time an injection or surgical procedure procedure is done. Side effects are most of the time temporary and typically resolve within 3 days. Total healing time depends on the depth of the treatment, skin type, and skin condition, and some patients may heal completely withing 24 hours.

_____ I am aware that the results achieved by this treatment may vary from person to person. Some patients typically notice an immediate glow, but visible improvement will take about 2-4 weeks and can continue for up to 6 months.

_____ I have read and accept the potential risks which have been explained to me by the esthetician .

_____ I hereby give my voluntarily consent to have this treatment performed on me,

_____ I release The Goodface and the esthetician of any and all legal liability.

_____ Pre Care and Post Care instruction have been explained to me and a copy has been given to me to retain in my possession, which I am expected to follow to the best of my ability.

_____ I authorize my esthetician to obtain pre and post procedural photographs for my file, and give The Goodface my permission to use such photographs for publication/marketing/social media and/or teaching purposes, as they choose.

_____ I fully understand that the esthetician does not act as a medical professional.

_____ Any suggestions made to me are not to be construed as, or substituted for, advise from a medical professional.

_____ By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me. I acknowledge that no promises or guarantees have been made to me as a result of the treatment.

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____

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Collagen Induction Therapy: Pre Treatment Instructions

1. Use cellular turnover treatments (topical retinoids, alpha hydroxy acids, salicylic acid) daily at bedtime for 2 weeks. Discontinue application one week prior to treatment.
2. Add Vitamin C serum to your morning skincare routine for two to three weeks.
3. Avoid sun exposure or a tanning bed at least 4 weeks prior to treatment and during treatment process.
4. Do not exercise the day before or for 48 hours after the injection treatment.
5. Avoid food or beverages that contain caffeine the day of treatment.
6. Avoid medications such as: Aleve, Advil, Claritin, vitamin E, fish oil, or Aspirin 5 days prior to treatment.
7. Avoid Retin-A, chemical peels, injectible fillers, or Botox 2 weeks prior to treatment.
8. Use a sun block with an SPF 30+ with UVA/UVB Broad Spectrum protection.
9. Start Arnica 3 days prior to treatment to alleviate bruising and/or swelling.
10. Apply topical anesthetic cream 1 hour prior to procedure and reapply if necessary.
11. Wear comfortable clothing the day of treatment. Your top should button or zip rather than pull over the head.
12. Tell your technician if you take a blood thinner, or any other medications, and you tend to bleed easily as a result.
13. If you have open cuts, wounds, abrasions, active acne, or cold sores breakouts, we cannot perform this procedure.
14. Eat a healthy diet containing whole foods and take a skin supporting supplement rich in plant-based omegas. It is also advisable to take 1000 mg of vitamin C and 2000 iu. of vitamin D3. This ensures an increase in vitamins internally and externally will greatly aid in the healing process.
15. Drink 6-8 8 oz. glasses of water per day.

Client Signature: _____ Date: _____

Collagen Induction Therapy: Post Treatment Instructions

WHAT TO EXPECT:

Day 1: Skin will be erythematous and flushed after treatment, depending on the intensity of the treatment. Pinpoint bleeding may occur. Do not apply makeup for at least 24 hours.

Day 2: A red or pink hue persists like a moderate sunburn. Swelling and slight bruising may be more noticeable on the second day. Minor scratches may be visible. Apply moisturizer as often as needed.

Day 3: Skin may still appear slightly pink. Swelling subsides. The skin can feel dry and/or tight. A slight outbreak of acne or milia (tiny white bumps) is possible. Light peeling usually occurs in about 3 days and will be replaced with brand new skin.

HOME CARE:

1. Wash with a gentle cleanser using your fingers only. Gently massage the face with lukewarm water. Remove serum and other debris, such as, dried blood. Do not scrub, use a wash cloth or a Clarisonic brush. Cleanse areas treated twice a day.. Do not use exfoliating products for 72 hours.
2. Cold compresses may be applied following treatment. If neck or décolletage are treated, the redness might last slightly longer.
3. To reduce itching or redness, apply 1% Hydrocortisone cream, or Benadryl spray or gel.
4. To decrease bruising and inflammation, continue taking Arnica up to 7 days after each treatment .
5. Do not exercise for 48 to 72 hours after treatment.
6. Avoid saunas, steam rooms, hot baths, or showers until redness is gone.
7. Continue to avoid sun exposure to the treatment areas and apply a broad-spectrum sunblock with a minimum SPF 30. Apply it at least 30 minutes prior to sun exposure and repeat after every 2 hours or sun exposure.
8. After 2-3 days, patients can return to regular skin care products, or as soon as it is comfortable to do so. Mineral makeup may be applied the following day.
9. Avoid waxing, facials, Botox, injectable fillers, or any other skin care treatment 2 weeks after treatment .
10. New cell regeneration requires at least 6-8 8 oz. glasses of water per day (if you already drink that, increase by 2 glasses).
11. If skin becomes painful, swollen, red, or inflamed, please notify us immediately (503) 470-3223 as this may represent an infection or allergic reaction that may require treatment.

Client Signature: _____ Date: _____