



Rejuvapen Microneedling Consent

The following points of information, among others, have been specifically discussed and made clear and I have had the opportunity to ask any questions concerning this information:

1. I understand that REJUVA PEN and Platelet-Rich Plasma or PRP will be used to treat skin tightening, acne scars, wrinkles or lift and firm of the skin.
2. I understand that most patients look as though they have a moderate to severe Sunburn and my skin may feel warm and tighter than usual. Most patients usually recover within 24 hours or less.
3. Rejuvapen may not be used directly on any of the below conditions. I have disclosed any of the health concerns below that apply to me:
 - Open sores or lesions
 - Skin cancer
 - Broken or irritated skin, including conditions such as hives and dermatitis
 - Any stage of melanoma
 - Rosacea
 - Raised Surface
 - Eczema
 - Active acne
 - Any type of skin infection
 - Abnormal Platelet Function
 - Systemic use of corticosteroids within two weeks of the procedure
4. I hereby consent and authorize to this Microneedling procedure with or without PRP and release the clinic, its medical staff, and specific technicians from the liability associated with the procedure. I certify that I have read and fully understand the contents of this form and that the disclosure referred to above were made prior to my signing.
5. Because the device may penetrate the skin, there can be a risk of infection, if this occurs, Refine MD must be immediately notified and a follow-up appointment may be necessary. I understand the procedure and accept any associated risks.

Client Signature: _____

Client Name: _____

Date Reviewed and Signed: _____

