



Consent For PiXel8-Radio Frequency Micro-Needling Treatment

RF Micro-Needling is a multi-purpose radio-frequency device for the treatment of wrinkles, skin tightening and body contouring. RF Micro-Needling delivers monopolar or bipolar radio-frequency to the dermis and subcutaneous tissue. Radio-frequency uses electrical pulses to target and penetrate the under layer of skin using heat to stimulate collagen. If you are having the PRP treatment, approximately 20 cc of blood is drawn in order to obtain the PRP. Tubes of blood are placed in a centrifuge where it is spun in order to separate the red blood cells from the PRP. The PRP will be microneedled into your skin during the treatment.

I authorize and consent to the treatment using the PiXel8-Radio Frequency Micro-Needling System. I have been advised by Jennifer Nunez, RN of the advantages and disadvantages associated with this treatment. I understand that treatment with this system varies from patient to patient and that more than one treatment may be required. Although rare, adverse outcomes such as skin texture changes and scarring can occur. No guarantees have been made to me regarding the outcome of the treatment or any improvements in my skin condition due to the procedure.

- I certify that I do not have any metal implants in the area being treated.
- I certify that I do not have any electronic implants (pacemaker, insulin pump. etc.).
- I certify that I am not pregnant or breastfeeding.
- I certify that I do not have any bleeding disorders.
- I certify that I do not use daily anticoagulants.
- I certify that I do not have skin cancer (currently or previously).
- I certify that I have not had fillers or Botox in the past 2 weeks.
- I certify that I do not have any skin disorders including keloid scarring, abnormal wound healing, eczema, rash, psoriasis, open wounds, severe inflammatory acne or oral herpes simplex breakout or infection

Jennifer Nunez, RN, has explained to me that I am a good candidate for radiofrequency microneedling treatment. Although the treatment has been shown to be highly effective, no guarantees are made that I will benefit from treatment. I understand that the most common side effects and complications from this treatment include, but are not limited to:

Pain: Moderate level of discomfort, sharp, and/or burning sensation. Topical anesthetics and anesthetic injections will be used to lessen this pain.

Skin redness: Treated areas initially appear red; will diminish over the few days



Skin induration: Treated areas may be firm initially, but resolves without intervention

Superficial crusting / blanching: Sometimes occurs within first few days of treatment

Skin darkening: Hyperpigmentation or “tanning” of the skin may occur in treated areas and will diminish over the following months. This is most likely in patients with olive or dark skin tones, and can worsen if treated areas are irritated or exposed to sun.

Skin lightening: Hypopigmentation or light spots can appear as a delayed response to treatment, especially if the skin has already received prior treatment. Pale areas can darken or re-pigment in several months, but it could be permanent.

Scarring: Risk of this is minimal, but can occur whenever the skin’s surface is disrupted. Strict adherence to all advised postoperative instructions will minimize the risk.

Infection: Reduce the possibility with appropriate use of antibiotics, antivirals, and makeup as instructed, frequent hand washing, pet avoidance, etc.

Itching/tingling/numbness: Temporary sensations associated with the anesthetics, and general healing process that do not require intervention

Allergic reaction: Reactions to anesthetics and oral medications are possible

Acne or Milia formation/dermal atrophy or depression: This is possible and cannot be prevented or predicted. May require additional treatment.

By providing my signature below, I acknowledge that I have read and understood all of the information above. I feel that I have been adequately informed of my alternative treatment options, the risks of the proposed treatment, and the risks of not treating my skin. I hereby freely consent to the Radiofrequency Microneedling treatment by Jennifer Nunez, RN.

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and Lakes Cosmetic Institute from any and all liability, damages, cost and expenses arising from or out of the use of the PiXeI8-Radio Frequency Micro-Needling System.

The medical director will review all treatments planned for clients. The safety of all procedures are outlined in the protocols manual on site. The well planned protocols establish safety and allow delegation to the RN to perform.

This consent form is valid until all or part is revoked by me in writing. I understand that this consent is valid for all future treatments as well.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____