

Microneedling Consent and Waiver

I _____ hereby give my consent to undergo Collagen Induction Therapy (Microneedling) treatments provided by Reisa Mehlman Marlowe, NYS licensed Aesthetician at Saratoga Lashes and Skincare, LLC.

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 to 6 treatments are recommended and the frequency will depend on the intensity and depth of the needle.

I understand that the treatments require many 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 simplex in the area to be treated
- Are pregnant or breast feeding
- Have any 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 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 in 24 hours.

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.

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 the content above, the potential risks have been explained to me and I accept them.

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

Patient Signature _____ Date _____

Print Name _____

Client Information

Print name: _____

Address: _____ City: _____ State: _____

Zip: _____

Email: _____

Phone/Cell: _____

Cell phone carrier(Att,Ver.,etc) _____

Phone/home: _____

How did you hear about us? (Google, Facebook, Instagram, etc., referral: if so, who?)

Allergies/Concerns/Notes: _____

Cancellation/No Show/Booking Policies

We respect your valuable time and strive to maintain a timely schedule each day. In order to do this, we request that you are punctual and inform us if you are going to be late or if you are unable to make your appointment as soon as is possible. While we realize that sometimes lateness is unavoidable, we try to adhere to the schedule and will most likely have to reschedule you if you are more than ten minutes late for your appointment.

Please understand that all it takes is one late appointment in the morning and every appointment thereafter is affected negatively. We like to have ample time to devote to you for your service and we often have appointments scheduled back to back, which makes it impossible to make up for lateness. Therefore, we do not run over scheduled appointment times. If you arrive late, we will do our best to service you, but will not run over into other scheduled appointments.

Please note that **all appointments must be guaranteed with a credit or debit card which is stored securely in our booking system**. If you are unable or choose not to provide a card, you will need to prepay the full charge of your service in advance.

Your appointment time is reserved for you and only you. When appointments are cancelled with 48 hours or less notice, or if there is a no-call/no show, we are unable to fill this time. In order to minimize these occurrences, you are responsible for the full cost of the service booked if you cancel with 48 hours or less before your appointment.

In the event that you need to cancel or reschedule your appointment, please call **518-885-9145 with as much advance notice as possible and at least 48 hours in advance of your service** to avoid any charge for your service. Our normal operating business hours are Tuesday through Friday, 11am – 7pm. An email or text message is an unacceptable method to communicate your cancellation. You must call or your request will be void. Please note that **verifiable emergencies will be handled on a per case basis**, in which case you will have a credit on file which you can use when you reschedule within a reasonable amount of time.

Clients with a history of more than one “No Show” or last minute cancellation will need to provide a 72 hour cancellation notice for all future appointments and will pay for services in advance. If your appointment was confirmed with a gift certificate, this gift certificate will be used to cover the cost of the missed appointment.

If you have any type of contagious illness, we request that you reschedule your appointment immediately. Please do not show up for your appointment if you are not well. We will not be able to provide your service and you will be fully responsible for the charge.

We strive to offer you the highest quality of care and appreciate your patronage! Thank you for understanding.

I have read, understand and agree with the above policy. Please print your initials, full name and sign below.

Print Name and Date _____ Initials _____

Signature _____

Master Card/Visa _____

Security code on back _____ Name as it appears on card _____

Expiration Date _____ Billing Zip Code _____

Micro-needling Pre-Treatment Instructions

Preparing Skin:

1. Avoid sun exposure or tanning bed at least 4 weeks prior to treatment and during the treatment process.
2. Do not exercise the day before or for 48 hours after the injection treatment.
3. Avoid caffeine containing food or beverages the day of treatment.
4. Avoid medications such as: Aleve, Advil, cold remedies, Vitamin E or aspirin 5 days prior to treatment.
5. Avoid Retin-A, chemical peels, injectable fillers or Botox 2 weeks prior to treatment.
6. Use a sun block with an SPF 30+ with UVA/UVB Broad Spectrum protection.
7. You may start Arnica montana 3 days prior to treatment as directed.
8. Day of treatment wear comfortable clothing.
9. Notify us if you have or have had cold sores in the past. You can get an anti-viral prescription to avoid any breakout after treatments.
10. If you have open cuts, wounds, abrasions or active acne or cold sores breakouts, we cannot perform the procedure.
11. Eat a healthy diet, whole food vitamins and daily omega 3 fish oil. 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 and will greatly aid in the healing process.
12. Drink 8 glasses of water/non-caloric fluids per day.

Patient Signature _____ Date _____

Collagen Induction Therapy / Micro-needling Post-Treatment Instructions

What to be expected:

- 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 12 hours.
- Day 2: A red or pink hue persists like moderate sunburn. Swelling and slight bruising may be more noticeable on the second day. Minor scratches may be visible. Apply moisturizer as needed.
- Day 3: Skin can be pink or normal color. Swelling subsides. The skin can feel dry or feel tight. A slight outbreak of acne or milia (tiny white bumps) is possible. Light peeling usually occurs in about three 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 for comfort. If neck or décolletage are treated, the redness might last slightly longer.
3. Apply 1% Hydrocortisone cream if you choose or Benadryl spray or gel on treated areas to reduce itching or redness.
4. Continue taking Arnica Montana up to 7 days after each treatment to decrease bruising and inflammation.
5. Do not exercise for 24 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 SPF minimum of 30. Apply it at least 30 minutes prior to sun exposure and repeat after every two hours of 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 strenuous exercise for two to three days after treatment.
10. Avoid waxing, facials, botox, injectable fillers or any other skin care treatment two weeks after treatment.
11. New cell regeneration requires at least 6-8 8 oz. glasses of water a day (if you already drink that- increase by 2 glasses)
12. If skin becomes painful, swollen, red or inflamed, please notify us immediately.

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