



Microchanneling Informed Consent

Name: _____ Date Of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

How did you hear about us? (circle) Google / Facebook / Instagram / Yelp / Other / Referral (name) _____

Microchanneling is an elective procedure for cosmetic purposes only. No specific results are promised. Prettyology has explained to me the nature, goals, method, limitations, risks and possible complications during and after the microchanneling procedure. I understand that there may be a certain amount of discomfort or pain associated with the procedure and that other possible adverse side effects may include minor and temporary bleeding, bruising, peeling, scabbing, redness or other discoloration, and/or swelling, as well as rare side effects such as infection and scarring.

I have had the opportunity to discuss alternative forms of treatment and understand that results may vary depending on individual factors such as medical history, sun damage, textural problems, skin type, and my compliance with pre- & post-treatment instructions.

Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Pre-treating the area with prescription-strength anti-viral medication is advised. Secondary infection in the area of the procedure is rare if properly cared for but may occasionally occur.

By initialing and signing below, I specifically acknowledge that I have been advised of the facts and matters in this consent form, and I agree as follows:

(Please initial the line next to the number after you clearly understand each statement)

1. _____ I certify that I do not have any of the following contraindications, which could make me ineligible to receive a microchanneling treatment at this time:

- Pregnancy or nursing
- Diabetes (unstable)
- Active herpes simplex in the area to be treated
- Dry skin in the area to be treated
- Any active inflammatory skin condition in the area to be treated, e.g. eczema, psoriasis, infection, rash or any type of dermatitis

2. _____ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance whether I might have an allergic reaction to any of the topical preparations, serums or processes used in the procedure; and I agree to accept the risk that such reaction is possible.

3. _____ I acknowledge that complications as a result of microchanneling procedures may occur, particularly in the event that the post-procedure care instructions are not followed, and accept full responsibility for such complications.

4. _____ I realize that my body is unique and neither Prettyology nor its employees or contractors can predict how my skin may react as a result of the procedure.
5. _____ I consent to the admittance of authorized observers to the procedure(s) for the purpose of education or assistance.
6. _____ I acknowledge that obtaining microchanneling is my choice alone, and I consent to the procedure and to its attendant risks, and to any actions or conduct of Prettyology and its employees and contractors reasonably necessary to perform the procedure.
7. _____ I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of Prettyology.
8. _____ [Optional/Requested] I consent to Prettyology using *non-personally-identifying* "before & after" photos of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting Prettyology, which will then discontinue use of said photo(s).
9. _____ I have been given the full opportunity to ask Prettyology any and all questions which I might have about obtaining microchanneling procedures, and all of my questions have been answered to my full and total satisfaction.
10. _____ I agree that I will not be under the influence of alcohol, recreational drugs or other substances at the time of treatment.

I have read and understand the contents of each statement above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent I am of sound mind and capable of making independent decisions for myself. I hereby release and forever discharge and hold harmless Prettyology, ProCell Therapies, and their owners, managers, employees and affiliates from any and all claims, damages or legal actions arising from or connected in any way with my microchanneling, or the procedure and conduct used in my performing the procedure, to the fullest extent allowed by the law.

Name (Please print legibly)

Date

Client Signature

Date

Parent Or Legal Guardian (If Client Is Under 18)

Date

Practitioner statement:

I have personally reviewed the above information with my client or the client's representative.

Practitioner Signature

Date

Office Use Only
Artist must initial after taking mandatory "Before" photo.
