



## **Dermapen: Patient Consent for Treatment**

**Dermapen/Microneedling rejuvenates the skin using a cutting-edge microneedling device and technique. The multi-speed, adjustable and precise microneedles deliver topical products to the deep layers of the skin while gently resurfacing the upper layers of skin. Patients see improvement in texture, scars, fine lines, tone and skin glow, with minimal to no downtime.**

### **A. Purpose and Background**

- Dermapen is indicated for skin resurfacing, treatment of scars, stretch marks, enlarged pores, irregular skin texture, hyperpigmentation, age spots, and fine lines and wrinkles.

### **B. Procedure**

- Microneedling rejuvenates the skin using a cutting-edge microneedling device and technique. The multi-speed, adjustable and precise microneedles deliver topical products to the deep layers of the skin while gently resurfacing the upper layers of skin. Patients see improvement in texture, scars, fine lines, tone and skin glow, with minimal to no downtime.

### **C. Risks/Discomfort**

- Side effects and complications are usually minimal. You may experience erythema, bleeding, swelling, dryness, and/or discomfort. As with any procedure that breaks the skin, there is always the possibility of bacterial and/or viral infection. I have been advised of the risks involved in such treatment, the expected benefits of such treatment and alternative treatments, including no treatment at all.

### **D. Benefits**

- Dermapen is comfortable with topical numbing before treatment, requires minimal downtime. While a series of treatments are recommended, many begin to see results after their first treatment. Dermapen is suitable for any skin type.

### **E. Alternatives**

- Dermapen is a strictly voluntary cosmetic procedure; no treatment is necessary or required. Alternative treatments may include but are not limited to: dermal fillers, neurotoxins, medical exfoliation, laser resurfacing, or no treatment.



**F. Photography**

- I understand that clinical photographs are an essential component of my medical record. Clinical photography is required by VanderVeer Center, before, during, and after treatments.

**G. Consent to Procedure**

- The results of Dermapen can be significant, however like any cosmetic procedure; there is no guarantee that you will be completely satisfied. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, that wrinkles, lines, and scarring will disappear completely or that you will not require additional treatment to achieve the results you seek. The outcome of treatment can be affected by the following factors, including but not limited to: severity of wrinkles or scarring, patient age, medical history, and lifestyle choices such as smoking. Previous surgical procedures or history of trauma to the treated area may affect your outcome.
- I have provided my complete medical history and medications.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant.
- I understand that it is important to follow aftercare instructions to maximize treatment results and minimize the chance of adverse reaction.
- I release all VanderVeer staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all of my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.
- I agree if I have any concerns regarding my Dermapen treatment, I will contact VanderVeer Center promptly to make arrangements to be seen by a VanderVeer Center medical provider.

**I elect to proceed with Dermapen treatment.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Patient Signature:*** \_\_\_\_\_