

Collagen Induction/Dry Tattooing

Consent for Treatment

l <u> </u>	, hereby	give	my	consent	to	undergo	Collagen
Induction/Dry Tattooing treatments provided by I	licensed _I	profe	ssior	al at Invi	gora	ate Spa.	

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 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 treatment. I understand that the administration of numbing creams may be used if deemed needed. Collagen Induction/Dry Tattooing 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 Collagen Induction/Dry Tattooing: 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 potential risks have been explained to me and I accept them. I hereby give my voluntarily consent to have this treatment perform on me.

Print Name	Signature	Date