PROCELL CONSENT FORM

PATIENT INFORMATION FOR MICRO CHANNELING

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US: _____

Microchanneling is an elective procedure for cosmetic purpose only. I have had the opportunity to ask questions and understand the nature, goals, limitations and possible complications of this treatment. I have the opportunity to discuss alternative forms of treatment and understand the results may vary.

Contraindications

While microchanneling treatments are safe and effective for most women and men, there are some people who will not be good candidates for treatments. Here is a list of general contraindications.

- Pregnancy : If you are pregnant or nursing you are advised to not receive any Microchanneling treatments. To date there have been no studies conducted to see what effects these treatments may have on the unborn child, but as a general rule, pregnant women should stay away from any kind of cosmetic/elective procedures.
- Diabetes: Unstable diabetes patient should not be treated due to healing problems.
- Active Herpes Simplex In the Treatment Area: Treatment is possible once the outbreak is healed, however, It may be advisable to take prescription strength antiviral medication to keep this condition in remission during treatment series.
- Dry Skin: If your skin is overly dry, you will need to start moisturizing and ensure the condition is under control prior to undergoing any treatment.
- Any Active Inflammatory Skin Condition: e..g. eczema, psoriasis, infection, rash or any type of dermatitis at the treatment side (it may aggravate the condition).

☐ Have you taken blood thinners or aspirin In last 7 days?
☐ Have you taken any mood altering drugs in past 8 hours?
☐ Do you have an allergy to Aloe Vera?

☐ Over the age of 18

____ (initial) I understand that if I have a history of cold sores, herpes or fever blisters I must take may medication prescribed by my physician in advance or tell the technician to skip treatment around my lips.

Signature: _____ Date: _____

PROCELL CONSENT FORM

Skin Rejuvenation with procell THERAPIES

Please check if yes:

- ☐ Are you sensitive to latex?
- ☐ Have you had a chemical or LASER peel? If so, when? _____
- ☐ Do you have trouble healing?
- ☐ Have you had any botox or fillers? If so, when? _____
- ☐ Are you currently undergoing radiation or chemotherapy?
- ☐ Are you currently using Accutane, Retin-A, AHA, or other exfoliating skin care?
- ☐ Are you allergic to any metals? If so, what? _____
- ☐ Are you currently taking anti-inflammatory medications or steroids?
- ☐ Are you allergic to any anesthetics (any of the "caines")? If so, which? _____
- ☐ Do you have a history of skin disease?
- ☐ Do you have a history of skin sensitivity?
- ☐ Are you currently taking vitamin A or E in any form?
- ☐ Are you pregnant or nursing?
- ☐ Are you currently being treated by a dermatologist? If yes, what for?

_____ Derm name: _____ Please check any that apply to you:

☐ Heart Condition	☐ Hepatitis	☐ HIV	☐ Cold Sores
☐ Hyper Pigment	☐ Smoker	☐ Keloid Above Neck	☐ Allergic to Steel
☐ Accutane in last 2 yrs	☐ Diabetes (uncontrolled)	☐ Chronic Skin Disease	☐ Hemophilia

Initial: _____ Date: _____

PROCELL CONSENT FORM

Skin Rejuvenation with procell™ THERAPIES

Patient name: _____ Date: _____

I authorize _____ to perform Microchanneling on my skin, and to apply topical preparations as determined necessary. I understand that Microchanneling is non-ablative skin rejuvenation & involves the creation of perforations in my skin to promote healing responses to rejuvenate my skin. I understand that the procedure is performed with an automatic perforating device and that clinical results may vary. I understand there is a possibility of short-term effects such as reddening, peeling, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as infection & scarring. These effects have been fully explained to me. Clinical results may vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, and my compliance with pre/post treatment instructions.

I understand that the Microchanneling treatment may involve a series of treatments and the fee structure has been fully explained to me.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I am not pregnant at this time. I also have completed a medical history checklist and been informed about what I must do and "not do" before, during and after the procedure.

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). Initial _____

I consent and authorize the use of any photographs of me for the purposes of marketing and education:

☐ Yes ☐ No -- If no, may we blur out your face and/or tattoos and use the photos that way? ☐ Yes ☐ No

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

I furthermore indemnify the authorized person herein, and hold harmless from any and all claims, demands, liabilities, judgments, costs and expenses arising out of any claims relating to the procedure authorized herein.

Patient Signature: _____ Date: _____

PROCELL PRE-TREATMENT

Skin Rejuvenation with procell THERAPIES

Microchanneling Pre-Treatment Instructions

1. If you have a history of cold sores, please contact your doctor for anti-viral medication, starting 2 days prior to your treatment, if you would like your lips treated the day of appointment.

2. Discontinue retinol (2% or higher) or tretinoin at least 3 days prior to treatment.

3. For your first treatment, (and treatments at .25mm in general) numbing cream is typically not necessary, and you can expect mild redness and swelling, and a tight, warm sensation between 4-24 hours.

4. Later treatments with longer needle lengths may require topical numbing cream, and can produce redness and swelling along with tiny flecks of redness between 4-72 hours.

5. If you are being treated for hair loss, please arrive at the office with the shortest haircut possible and clean hair. Please do not apply sprays or gels.

6. If possible, please arrive at the office without makeup on, and with a clean (and for men a clean shaven) face.

7. If you've had Botox, Fillers, or Threads injected you must wait at least two weeks before getting microchanneling. And you must be satisfied with the results before we can offer you any other treatments.

I, _____ have followed and understood the above instructions.

PROCELL POST-CARE

Microchanneling Post-Care

1. If you are given a mask, keep it on for at least 5 minutes.

2. Preferably no other products are applied until the following day.

3. Avoid exposure to pet dander and other irritants as best you can. You may experience a mild allergic reaction to pets and other things you typically do not react to within the first 24 hours.

4. Your skin may feel hot and tight, like a mild sunburn. Moisturize often, and you may apply a cool damp wash-cloth as desired.

5. For your first treatment, (and treatments at .25mm in general) you can expect mild redness and swelling, and a tight, warm sensation for between 4-24 hours.

6. Later treatments, or those with longer needle lengths, may produce redness and swelling along with tiny flecks of redness for between 4-72 hours. (These are easily covered with a quality mineral makeup).

7. Mild skin sloughing may occur for a few days after treatment.

8. Mild acne and milia can occur in rare cases. Don't pick and they'll go away in a few days.

9. TransEpidermal Water Loss is a common temporary side effect and could leave you feeling dry through the first week. Keep the recommended moisturizer with you during the day and apply as frequently as necessary to avoid a dry sensation. The more you moisturize the better your results will be.

10. Beginning the following morning; apply the Cellular Renewal Serum and Healing Accelerator separately to enhance results. (Cleanse and apply 1-3 pumps). Apply daily, morning and evening.

11. Return for a follow up treatment in 4-6 weeks or as recommended.

If prolonged irritation occurs, please email or call our office.

Pactitioner Name: _____

Practitioner Phone #: _____

Practitioner Email: _____

PROCELL AFTERCARE INSTRUCTIONS

Microchanneling temporarily creates thousands and thousands of micro-channels into the skin to be repaired by new healthy collagen. It also allows topical solutions to absorb 200%-300% more effectively into the living skin below. During treatment, serums applied (containing naturally-derived growth factors, peptides and cytokines) restore and increase biological communication within the skin during the wound-healing cascade that an aging immune system no longer provides. This is why we recover and heal slower as we get older. A perfect balance of gentle stimulation for your skin to youthfully heal and repair itself, complimented by the infusion of nutritious and vital factors responsible for helping you produce... your best skin!

Here are a few things to remember after your treatment while those micro-channels are healing:

DO NOT apply anything to treated areas for 90 minutes after your treatment is finished unless it is provided to you by your certified ProCell provider with instructions.

DO NOT touch treated areas with your hands, cellphone or any other foreign objects for 90 minutes after your treatment is finished! Bacteria from these sources can cause irritation or possible acne breakout.

AVOID direct sunlight for 24 hours post treatment. You may apply sunscreen 90 minutes after your treatment is finished.

Hydrate and moisturize your skin constantly to achieve the best results!
Never let your skin dry out! If you experience excessive dryness in the days or weeks following your treatment, you can purchase additional post-treatment hydrating masks through your certified ProCell provider!

Water is the least expensive and most powerful advantage you can add to your daily skincare routine!

Post-care Cellular Renewal & Healing Accelerator Serum
Apply twice daily at home to enhance results. Starting 24 hours after treatment. Thoroughly cleanse treated areas and apply Cellular Renewal Serum (Step 1)
Wait 30 seconds and apply Healing Accelerator Serum (Step 2)
Wait for serums to fully absorb before applying any other product to treated area.
Requires direct contact with skin to be effective.

Things your skin may be feeling that are signs the treatment is working!
tightness, itchiness, warmth, sensitivity, general light sunburn appearance to skin, redness, etc... These are all great indications that your skin is healing and producing youthful collagen!