



## Micro-Needling Consent For

1. I absolutely understand and accept that this procedure is a process, often requiring multiple \_\_\_\_\_
2. Treatments to achieve desirable results and a 100% success cannot be guaranteed. \_\_\_\_\_  
It has been explained to me and I understand the minor and temporary pin point bleeding, redness, Bruising, swelling may occur. There is a risk of infection, allergic reaction and fever blisters can occur With cosmetic Micro-Needling.
3. I have informed Body Beautiful of NY Inc. of **Any** health problems. \_\_\_\_\_
4. I understand that Body Beautiful of NY Inc. **cannot** guarantee the outcome of any cosmetic Procedure due to the unpredictability of the human skin. \_\_\_\_\_
5. I Have received, reviewed and understand the post-procedure instructions as given to me And agree to follow them. I understand the importance of strictly adhering to such instructions. \_\_\_\_\_
6. I understand Botox, Restylane, or any surgery can affect the outcome of Micro-needling \_\_\_\_\_
7. I realize this is an elective cosmetic procedure, not an exact science and is not medically necessary. There are no refunds upon treatment for this elective procedure. \_\_\_\_\_
8. I authorize Body Beautiful of NY Inc. unrestrictive use of before and after photographs to include but not limited to portfolio and teaching. Body Beautiful of NY Inc. must take photos of all clients. \_\_\_\_\_
9. I give my consent to Body Beautiful of NY Inc. to confer with my physician for medical Information required for the safety of my procedure. \_\_\_\_\_
10. I agree to accompany my practitioner to the emergency room in the event they were to be Accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner. \_\_\_\_\_
11. I am aware that Body Beautiful of NY Inc. will use new pre-sterilized disposable needle(s) for all Procedures and will follow OSHA standards and on all client's new disposable gloves are warn for All procedures. \_\_\_\_\_

12. I understand the fee that Body Beautiful of NY Inc. quotes for the procedure I've requested, dose \_\_\_\_\_  
Not include any follow up visits. I understand that everyone's skin is different and may require  
Additional visits to achieve desired results.  
**Additional visits incur an additional fee.**

13. I have received no unrealistic warranties or guarantees with the respect to the procedure being \_\_\_\_\_  
Performed.

14. Your signature below represents consent for micro-needling cosmetic service and shall remain in \_\_\_\_\_  
Effect during the entire period you remain a client of Body Beautiful of NY Inc.

15. I acknowledge by signing this consent form. I have given the full opportunity to ask any and all questions about  
micro-needling procedure and processes from my practitioner and/or associates.

**Are you pregnant?**                    **YES**\_\_\_\_ **NO**\_\_\_\_

**ACCEPTANCE:**

I Have read and understand these risks listed above and they have been explained to me.

**I DID NOT JUST SIGN THIS DOCUMENT.** I certify that the information in the above questionnaire  
Is accurate and that it has been explained to me in detail and my questions have been answered. I accept  
full responsibility for any complications that may arise or result during or following the cosmetic  
procedure(s) to be performed at my request.

**Signature of client** \_\_\_\_\_ **Date** \_\_/\_\_/\_\_

I personally reviewed the above information with my client.

I.D. Verification \_\_\_\_\_ **Date** \_\_/\_\_/\_\_

Cosmetic Practitioner \_\_\_\_\_ **Date** \_\_/\_\_/\_\_