



Rejuvapen NXT® Microneedling Consent

My microneedling treatment with the **Rejuvapen** has been personally described to me.

Initials _____

I understand that the treatment is used for skin tightening, acne scars, scarring, and for the treatment of photoaging.

Initials _____

I understand the benefits and the likely clinical outcome of the treatment. I understand that multiple treatments are necessary to achieve optimal results.

Initials _____

I understand that most patients look as though they have a moderate to severe sunburn following the treatment. The skin may feel warmer and tighter than usual. Most patients usually recover within 24-48 hours. Because the device penetrates the skin, there is a risk of infection.

Initials _____

Rejuvapen may not be used performed during pregnancy, or if you are breastfeeding. Rejuvapen should not be used if you are suffering from the following conditions:

- Skin disorders such as scleroderma, rosacea, eczema, or psoriasis
- Open wounds, sores, or lesions
- Broken or irritated skin, including conditions such as hives or dermatitis
- Active skin infections (bacterial, viral, or fungal)
- Precancerous skin lesions and skin cancer
- Active acne
- Keloid scarring
- Active sunburn
- Immunosuppression
- Blood clotting disorders
- Collagen vascular diseases
- Cardiac abnormalities

Rejuvapen is not to be used if you are less than 18 years of age.

I have read and I understand this consent. I understand that withholding necessary information about my health and medication may increase my risk of possible side effects.

I authorize Ballert Medical Aesthetics to begin my Microneedling treatments.

Client Signature _____ Date _____

Witness Signature _____ Date _____



Ballert
Medical Aesthetics