

DERMAPEN TREATMENT REGIMEN AND CARE

Prior to Treatment:

Prior to the Dermapen treatment, please observe the following:

- No Retin-A products or applications 12 hours prior to your treatment.
- No auto-immune therapies or products 12 hours prior to your treatment.
- No prolonged sun exposure to the face 24 hours prior to your treatment. A Dermapen treatment will not be administered on sunburned skin.
- On the day of the treatment, please keep your face clean and do not apply makeup.
- If an active or extreme breakout occurs before treatment, please consult your practitioner.

What Can Be Expected:

After your Dermapen treatment, please be aware and observe the following:

- Immediately after your Dermapen treatment, you will look as though you have a moderate to severe sunburn and your skin may feel warm and tighter than usual. This is normal and will subside after 1 to 2 hours and will normally recover within the same day or 24 hours. You may see slight redness after 24 hours but only in minimal areas or spots.
- Your practitioner will prescribe post-procedure skincare after the procedure to help soothe, calm and protect the skin. Continue to use for 3 days. Active skincare can be resumed again after Day 3.

Instructions:

Be certain to adhere to the following post-treatment instructions:

- **CLEAN** – Use a soothing cleanser or face wash with tepid water to cleanse the face for the following 48 hours and gently dry the treated skin. Always make sure that your hands are clean when touching the treated area.
- **HEAL** – Copper-based skincare is recommended post-treatment as the mineral properties are ideal to help heal the skin, but will also create a sterile skin, too. Resveratrol-based products can help soothe the skin and lessen irritation.
- **HYDRATE** – Following your Dermapen treatment, your skin may feel drier than normal. Hyaluronic Acid is an ideal ingredient to hydrate and restore the skin back to perfect balance.
- **STIMULATE** – In the days following your Dermapen treatment, and as the skin starts to regenerate, collagen stimulating peptides are ideal to continue the stimulation.
- **MAKEUP** – It is recommended that makeup should not be applied for 12 hours after the procedure. However, your practitioner may be able to supply you with specialized mineral makeup product that they feel would be suitable for use during this period. Do not apply any makeup with a makeup brush, especially if it is not clean.
- **PROTECT** – Immediately after the procedure, apply a broad spectrum UVA/UVB sunscreen with a SPF30. A chemical-free sunscreen is highly recommended.

What to Avoid:

To ensure the proper healing environment, be certain to observe the following:

- For at least 2 hours post treatment, do NOT use any Alpha Hydroxy Acids, Beta Hydroxy Acid, Retinol (Vitamin A), Vitamin C (in a low pH formula) or anything perceived as 'active' skincare.
- Avoid intentional and direct sunlight for 24 hours. No tanning beds.
- Do not go swimming for at least 24 hours post-treatment.
- No exercising or strenuous activity for the first 24 hours post-treatment. Sweating and gym environments are harmful, rife with bacteria, and may cause adverse reactions.

Dermapen[®]

Advanced skin needling innovations

Consent and Release

Clinic/Salon: _____
Patient's Name (PRINT) _____
Address : _____
Email: _____ Cell : _____

To the patient:

It is important that you are informed about your skin condition and proposed treatment including the potential benefits and risks involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent to the treatment program.

I _____ of (address as above) have requested a Dermapen Treatment to attempt to improve my facial expression lines and or skin surface with Dermapen treatment.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. I understand that several appointments may be necessary to complete the treatment.

Risks and side effects:

Side effects and complications are usually minimal. Occasionally you may experience erythema, bleeding, temporary scarring, dryness and or discomfort. 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.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this procedure today and for all subsequent treatments.

Patient's Signature: _____ Date: _____
Operator's Signature: _____ Date: _____

PLEASE TAKE THE TIME TO READ THIS CAREFULLY AND TO UNDERSTAND ANY ACCOMPANYING INFORMATION.

Photography / Video Release

TREATMENT MODEL CONSENT FORM

As part of your treatment we will be photographing the treatment area of your body/face (and in some cases, filming the treatment process). This will allow us to visually monitor your individual progress and see the results of your treatment over time. We would appreciate your willingness to share your outcomes and results with others, for both training and marketing purposes within the beauty, cosmetic and aesthetic industry. In all cases we will do everything we can to keep your identity anonymous.

With this form I, (insert participants name) _____ give my full consent for all photographs/footage captured before, during and after my treatment by, (insert clinic/practice name) _____ to remain the property of the clinic and the aesthetic equipment supplier Dermapen.

With this consent, I give permission for the images/footage (if they are to be selected) to be used in the following and similar materials:

(Please pick one or both preferences)

- Marketing and advertising for either the clinic or Dermapen to be used on company websites, in-clinic waiting room materials or other such industry media channels. Examples are product/treatment brochures, clinic advertising material and information made available to other clients interested in the treatment.
- In training purposes, educational material for the clinics, Dermapen and internal use only. Such as user product manuals, educational charts and industry communications.

Signature _____ Date: _____

PLEASE TAKE THE TIME TO READ THIS CAREFULLY AND TO UNDERSTAND ANY ACCOMPANYING INFORMATION.