

Microneedling Consent

Microneedling is a procedure aimed at stimulating the body's own collagen production to improve the appearance of fine lines and wrinkles, stretch marks, skin laxity and scarring. The Eclipse skin microneedling system allows for controlled induction of the skin's self-repair mechanism by creating "micro injuries" in the skin, which triggers new collagen synthesis.

Medical History:

Please inform Dr. Bray's staff prior to treatment if you have any of the following conditions that may make you unsuitable for the Microneedling procedure.

- Pregnant or nursing
- Under the age of 18 (parental consent required)
- Cardiac abnormalities, pacemaker, internal defibrillator, blood-clotting problems.
- On blood thinning medication
- Current or history of cancer, especially skin cancer, or pre-malignant moles.
- Allergies to metal or skin allergies
- Allergic to Lidocaine (numbing cream)
- Active acne, severe rosacea, melasma, and/or other inflammatory skin conditions.
- History of eczema, psoriasis or other chronic conditions
- Use of Isotretinoin (Accutane) within the past 6 months
- Use of retinoid (Retin-A), and/or any form of skin treatment within the past 7 days prior to procedure
- Piercings or open wounds in treatment area.
- History of facial outbreaks, such as Herpes Simplex Virus (cold sores), medication must be taken per doctor's instruction.
- Have sunburned skin, or tanned from the sun, tanning beds, or tanning creams within the past 2 weeks.
- Immunosuppressive disorder and/or use of immunosuppressive medication
- Face lift or eye surgery within the past year
- Any surgical, invasive, ablative procedures in the treatment area in the last 3 months or before complete healing
- Deep chemical peel, or dermabrasion within the previous 6 months
- Laser treatments, light peels, or microdermabrasion (silkskin) within the last month
- Dermal fillers in the last 4 weeks or Botox in the last 2 weeks
- History of skin disorders such as keloid scarring, abnormal wound healing, as well as, very dry and fragile skin.
- Active bacterial or fungal infections
- Poorly controlled endocrine disorders. such as diabetes or thyroid dysfunction
- Autoimmune disorder

Dr. Peter Bray – Certified Plastic Surgeon, MD, MSc, FRCS (C)
Phone: (416) 323-1330 | Fax: (416) 323 – 9397 | info@drbrayplasticsurgery.com | www.drbray.ca
66 Avenue Rd., Upper level, Toronto, ON M5R 3N8



- History of hemophilia, irregular blood pressure, tuberculosis, and/or liver function issues

Precautions & Warnings:

- Discontinue auto-immune therapies 24hours prior to procedure, under care and direction of a physician.
- Fitzpatrick skin types V-VI, pigment may darken prior to lightening.
- Avoid sweating for 2-3 days post-treatment.
- No sun exposure/tanning for 2-3 weeks post-treatment

Patient Consent:

I understand that results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome.

The procedures contraindications, precautions and warnings have been explained to me including alternative methods, as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of complications cannot be fully anticipated. Therefore, there can be no guarantee as expressed or implied either as to the success or other results of the treatment. I am aware that the Microneedling treatment is not permanent, as natural degradation will occur over time. I state that I have read (or it has been read to me), I understand this consent and I understand the information contained in it.

I have provided Dr. Bray's staff with my medical history, and authorize them to perform the Microneedling procedure.

I acknowledge that I have had the opportunity to ask any questions about the treatment including risks or alternatives.

This consent form is valid, until all or part is revoked by me in writing.

Patient Signature: _____ Date: _____

Healthcare Provider: _____ Date: _____