



I have read the above information and I fully understand what to expect. I give permission to my skin therapist **Juliet Naraghi** to perform the micro-needling procedure we have discussed and will hold her harmless from any **liability** that may results from this treatment.

I understand she will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I have given an accurate account of any **over-the-counter** or **prescription medications** that I use regularly. I am not ingesting or using topically any other over-the-counter product or prescription medication that has not been disclosed to my therapist. I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn, or broken skin. I have not recently waxed or used a depilatory (such as Nair) on the area to be treated. I do not have a history of keloid scarring, excessive telangiectasia, viral infections, open lesions or rashes, active acne, any autoimmune disease, or any other existing condition that may interfere with the positive outcome of this treatment.

Patient Signature _____ Date: _____