



_____The Client understands that the number of micro-needling treatments required varies and that several treatments may be needed.

_____The Client understands that there may be some degree of discomfort, (i.e., scratchiness, itchiness, irritation, stinging and hotness.)

_____The Client understands that it is normal for the treated area to appear red with slight swelling after the treatment, similar to mild-moderate sunburn, which can last for up to 4 days following treatment. There may also be very mild temporary bruising.

_____The Client understands that this procedure does not come with any guarantees and understands in order to achieve maximum results, they will need maintenance treatments and the use of daily recommended products.

_____The Client understands that exposure of a recently treated area to direct sunlight should be avoided and that we advise the use of an SPF of 30 or higher.

_____The Client confirms that they have informed Renew Day Spa of all their medical details relevant to this treatment and will inform Renew Day Spa of any changes throughout the duration of the treatments should any information change.

_____The Client confirms that they have understood all the information given regarding this treatment during the consultation and that any questions that have been presented have been answered satisfactorily.

_____The Client agrees to have the treatment performed as outlined above, including the use of a topical anesthetic if required and will follow all prescribed directions regarding post-procedure care and home care.

_____The Client understands that there are other treatment options available, including doing no treatment at all.

_____The Client acknowledges that they have read and fully understood this document before signing.

Client name (printed)

Date

Client signature

Provider signature
