

**MERULLI ACUPUNCTURE & WELLNESS**  
**Desiree Merulli, L.Ac., EAMP, LMP, RYT**  
**INFORMED CONSENT FOR MICRONEEDLING & NANONEEDLING**

**DESCRIPTION OF THE TREATMENT:** The microneedling system allows for controlled induction of the skin's self-repair mechanism by creating micro injuries in the skin to trigger new collagen synthesis, while not posing the risk of permanent scarring. The result is smoother, firmer and younger looking skin. Skin needling treatments are performed in a safe and precise manner with the sterile needle head and are normally completed within 30-60 minutes, depending on the selected area.

**SIDE EFFECTS:** After the procedure, the skin may be red and flushed in appearance, similar to moderate sunburn. In the treatment area, skin tightness and mild sensitivity may also be experienced. These side effects will diminish within a few hours following treatment and over the next 24 hours. After 3 days, there will be little evidence that the procedure has taken place.

**CONTRAINDICATIONS:** Contraindications and precautions include: keloid or raised scarring; history of eczema, psoriasis, actinic (solar) keratosis, herpes simplex infections, diabetes, and other chronic conditions; presence of raised moles, warts or any raised lesions in the target area. Absolute contraindications include: scleroderma, collagen vascular diseases or cardiac abnormalities; rosacea or blood clotting problems; active bacterial or fungal infections; immunosuppression; scars less than 6 months old; and facial fillers used in the past 2 - 4 weeks. Treatment is not recommended for patients who are pregnant or nursing.

**DISCLAIMER:** Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information that is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent below.

**PATIENT CONSENT FOR MICRONEEDLING/NANONEEDLING PROCEDURE:**

1. 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.
2. The procedure and side effects have been explained to me, including alternative methods. I understand the advantages and disadvantages of this procedure.
3. I am advised: though good results are expected, the possibility and nature of complications cannot be accurately advised; therefore, there can be no guarantee as expressed or implied either to the success or other result of the treatment. I am aware that the Microneedling/Nanoneedling treatment is not permanent and natural degradation will occur over time.
4. I hereby authorize Desiree Merulli, L.Ac., EAMP, LMP, RYT, and such assistants as may be selected to perform the acupuncture facial rejuvenation. I have received the following acupuncture facial sheet: INFORMED CONSENT FOR MICRONEEDLING/NANONEEDLING.
5. I recognize that during the course of the microneedling/Nanoneedling procedure, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
6. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
7. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.
8. I agree that I have read and understand this consent form and it has been explained to me in a way that I understand:
  - a. The above treatment or exposure to be undertaken.
  - b. There may be alternative procedures or methods of treatment.
  - c. There are risks to the procedure or treatment Proposed.
9. I have had the opportunity to ask any questions about the treatment, including risks or alternatives, and I acknowledge that all my questions about the procedure have been answered to my satisfaction.

I CONSENT TO THE TREATMENT/PROCEDURE AND THE ABOVE-LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION. THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME, THE BELOW SIGNED PATIENT, IN WRITING:

Print Patient Name

Signature

Date