



### Microneedling Consent Form

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ would like to receive text specials Yes or No

Email: \_\_\_\_\_ would like to receive spa specials Yes or No

Occupation \_\_\_\_\_

I am over the age of 18 years old. I am not under the influence of drugs or alcohol please list the prescription drugs you are prescribed by your doctor. I am not pregnant to receive my microneedling procedure. I been informed of the possible nature, risks, and complications and consequences of the microneedling service. Microneedling procedure may have known or unknown complications including session scarring, inconsistent color, or any other complications described to me during my sessions Royal Pampering Day Spa and all estheticians employees to perform this service on me. There is no guarantee to me as to the condition of my skin or degree of improvement. Following Pre and Post Care Instructions. The procedure possible be have little discomfort or pain. I service can not be perform if pregnant, epilepsy, sunburn, windburn. Chapped skin, Ance, Skin Disorder, No Accutane in last 6 months. Side effects fever blisters, possible nick, white (retention Cysts).

Please use recommended Skin Care Post Care Treatment after procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Skin Care Professional \_\_\_\_\_ Date \_\_\_\_\_