

InnoPen MicroNeedling
Permanently Perfect Cosmetics, LLC/Erin Meier Aesthetics
Under Supervision of Dr. Ivan Wayne, MD: W Facial Aesthetics

InnoPen Microneedling

Name:			Date:
Date of Birth:	Age:	Male / Female	
Address:		Cell Phone:	
		May we leave a Message? Yes / No	
		Home Phone:	
		May we leave a Message? Yes / No	
Email Address:		Referred By:	
Emergency Contact:		Emergency Contact Number:	
Physicians Name:		Physicians Number:	
Employer:		Job Title:	

Medication/Supplementation

Please list any and all medication including (Topical Prescriptions) or supplements (aspirin, herbals, fish oil, ect) you are taking:

Please check all that apply:

- Retin-A
- Hydroquinone
- Differin
- Ronova
- Blood Thinner
- Accutane (current of within the past 6 month?) _____
- Other skin care medications/topical steroids in treatment area within the past 3 months: _____
- Are you pregnant? YES NO
- Are you nursing YES NO

Please list any allergies or allergy to any medication:

InnoPen MicroNeedling

Permanently Perfect Cosmetics, LLC/Erin Meier Aesthetics
Under Supervision of Dr. Ivan Wayne, MD: W Facial Aesthetics

Please Answer the Following:	YES	NO	Interests/Concerns:	YES	NO
Alcoholism			Acne		
Anemia			Rosacea		
Anorexia			Dryness		
Asthma			Fine Lines		
Autoimmune Disease (Scleroderma)			Wrinkles		
Bleeding Disorder			Large Pores Size		
Breast Lump			Scars		
Cancer			Discoloration		
Cardiac Abnormalities			Pigmentation		
Collagen Vascular Disease			Brown Spots		
Connective Tissue Disorder			Broken Capillaries		
Chemical Dependency			Loss of Skin Tone		
Chronic Fatigue			Skin Tightening		
Diabetes			Stretch Marks		
Eating Disorders					
Epilepsy			History & Lifestyle:	YES	NO
Fibromyalgia			Do you work outside?		
Hepatitis A, B or C			Do you use sunscreen daily?		
Herpes/Cold Sores			Do you use a tanning bed?		
HIV/Aids					
History of Keloid Scarring			Previous Procedures:	YES	NO
History of Eczema, Psoriasis and Other Chronic Conditions			Microdermabrasion		
History of Skin Cancer of Family Member with History of Skin Cancer			Chemical Peels		
History of Actinic (Solar) Keratosis			Laser Skin Therapy (IPL/PHOTO)		
Migraines			Laser Hair Removal		
Multiple Sclerosis			Permanent Makeup		
Neuromuscular Disorder			Electrolysis		
Pacemaker or Defibrillator			Waxing		
Pigmentation Disorder			Botox/Juvederm/Radiesse/Collagen (Fillers)		
Polycystic Ovaries			IF YES, When?		
Seizures					
Skin Lesion					

Skin Care:

What is your daily skin care regimen?

Describe your Skin? (Oily, large pores, combination skin, dry, sensitive, ect)

InnoPen MicroNeedling
Permanently Perfect Cosmetics, LLC/Erin Meier Aesthetics
Under Supervision of Dr. Ivan Wayne, MD: W Facial Aesthetics

Description and Side Effects of Procedure:

The InnoPen skin needling system allows for controlled induction of the skin's self-repair mechanism by creating micro "injuries" in the skin which triggers new collagen synthesis yet does not pose a risk of permanent scarring. The result is smoother, firmer and younger looking skin. Skin needling procedures are performed in a safe and precise manner. The treatment is normally completed within 30-60 minutes depending on the required treatment and anatomical site.

After the procedure, the skin will be red and flushed in appearance in a similar way to moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on the area being treated. This will diminish greatly after a few hours following treatments and within the next 24 hours the skin will be completely healed. After 3 days there is barely any evidence that the procedure has taken place.

Authorization:

Patient is responsible for all charges incurred. At this time, the office will NOT file insurance. Payment in full is due at time of service.

***Please allow 48 hours notice in the event of appointment cancellation.**

Patient with more than 1 no-show or late appointments will be charged a service fee for future appointments.

I, _____, have read and understand the above statement of payment policy, I authorize Erin Meier to administer such treatment, as they may deem advisable for my diagnosis and treatments. The procedure and side effects have been explained to me including alternative methods. I certify that I have been made aware of the role and services offered by the physician, physician assistant, esthetician and I consent to care by such providers. I understand these services are voluntary and that I have the right to refuse these services.

Patient Consent:

I understand results 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.

I am advised that good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that the Micropen treatment is not permanent, as natural degradation will occur over time.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner.

PRINT NAME:	DATE:
SIGNATURE:	