



Informed Consent: Dermarolling

Collagen Induction Therapy with a derma roller

Client name: _____ DOB: _____ Date: _____

ABOUT THE PROCEDURE

A derma roller is a device fitted with many fine micro-needles that create controlled micro-injuries in the skin. The skin's repair response forms new collagen, improving the appearance of fine lines, texture, and some scars. New collagen continues to form over roughly **12 to 16 weeks** after treatment. A series of treatments is usually needed for the best result, and ongoing daily sun protection helps maintain it. Initials _____

ALTERNATIVES

Alternatives include no treatment, active skincare products, microdermabrasion, chemical peels, laser resurfacing, pen (motorized) microneedling, or a combination. I have considered these and elected dermarolling. Initials _____

REALISTIC EXPECTATIONS

The goal is improvement, not perfection. Results vary and no specific result is guaranteed; imperfections may persist. Results are not permanent. Initials _____

WHAT TO EXPECT AFTER

Skin is typically red (erythema) for about 3 to 4 days and may feel tight, itchy, or sensitive to heat, wind, and sun for about a week. Makeup can usually be used after about 6 hours. Initials _____

RISKS & POSSIBLE SIDE EFFECTS

Not limited to: redness, swelling, pinpoint bleeding, bruising (face resolves in about a week; body can last longer), dryness; and less commonly **hyperpigmentation** (more likely in Fitzpatrick III to VI skin), cold-sore (herpes) reactivation, infection, prolonged redness, or scarring. Initials _____

Hygiene: A derma roller must be sterile/disinfected and, in a professional setting, single-client. Sharing rollers or reusing a non-sterilized roller can transmit infection. If a home roller is provided, follow the cleaning instructions exactly. Initials _____

CONTRAINDICATIONS: PLEASE DISCLOSE. TREATMENT MAY BE DECLINED IF ANY APPLY

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| ☐ Pregnant or nursing | ☐ Melanoma or untreated skin cancer or suspicious moles |
| ☐ Active acne, cold sores, or skin infection in the area | ☐ Autoimmune disorder or immunosuppressive therapy |
| ☐ Open sores/lesions, broken or irritated skin | ☐ Bleeding disorder or blood thinners |
| ☐ Rosacea, eczema, or psoriasis in the area | ☐ Diabetes or impaired wound healing |
| ☐ History of keloid or hypertrophic scarring | ☐ Isotretinoin (Accutane) within the past 6 to 12 months |

I confirm the above are accurate and have disclosed all relevant conditions and any history of cold sores. Initials _____

CONSENT