

## **FIBROBLAST SKIN TIGHTENING TREATMENT / PLASMA PEN CONSENT**

This form is designed to give the information needed to make an informed decision of whether or not to undergo a Fibroblast treatment. Although Fibroblast Skin tightening is effective in most cases, absolutely no guarantee can be made regarding each individual clients benefit from the procedure.

The Plasma Pen device works using the fourth state of matter, plasma, and the process of sublimation to create an electrical charge. Sublimation is the transition of a substance directly from the solid state to gas, without passing the liquid phase. During this process, direct heat is transferred into the inner papillary layers of the skin, containing what is known as fibroblast cells – cells responsible for generating connective tissue, and allowing the skin to recover from injury or trauma. The heat energy emitted from the Plasma Pen, stimulates these fibroblast cells, creating contractions within the skin, forcing the skin to generate brand new skin cells. Most, if not all, methods of skin resurfacing are based on creating controlled skin damage, which activates its healing. This leads to skin remodeling and improvement in various signs of aging.

The treatment causes small carbon crust to form (dots). It takes 6-10 days for them to come off the face & approximately 12-14 days on areas of the body from the neck down. During this time the client should keep the skin surface clean and protect it with after care products which we will present later.

The results of the fibroblast treatment are permanent and may be visible for years. Fibroblast treatments boosts collagen and elastin production, however, we can not stop the aging process. The amount of collagen and elastin levels in the body depend on lifestyle, age and external factors, therefor results can vary with each individual.

I acknowledge having been informed that this cosmetic procedure is intended to improve texture tone and the appearance of wrinkles on the skin by using a controlled form of damage in the form of a plasma arc increasing fibroblast cells and collagen levels.

I acknowledge the practice of Fibroblast treatment/Plasma Pen is not an exact science and no specific guarantees can or have been made concerning the results and that more than one treatment may be required to meet expectations. The cost of these were disclosed prior to the first treatment.

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I acknowledge my obligation to follow the written/spoken After Care treatment instructions and if after care advice is not followed there is a small risk that the following can occur:

- Poor/slow healing
- Pigmentation
- Recurrence of original condition

I have been advised what can be done if this occurs with my technician.

I certify that I have read the above and discussed in full, the treatment, aftercare and expectation of results.

I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction.

I hereby consent to the procedure and affirm that I am at least 18 years of age.

Client Name (print)\_\_\_\_\_

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

Technician Name (print)\_\_\_\_\_

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

## **MEDIA RELEASE CONSENT**

We would like permission to use your before/after photos and or videos during the procedure for self promotion and advertising. This helps us show future clients the treatment process and results they can possibly expect. Please sign below if you will allow your photos/videos to be used in our advertising.

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

# CLIENT MEDICAL HISTORY

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Current Medication \_\_\_\_\_

Have you used any of the following in the last 30 days?

Alpha Hydroxy Acid (AHA) YES / NO

Glycolic Products YES / NO

Salicylic Acid YES / NO

Gold Therapy YES / NO

Do you have any of the following conditions or history of:

Keloid Scarring YES / NO

Hypo/hyperpigmentation YES / NO

Open wounds (on area to be treated) YES / NO

Severe Acne (on area to be treated) YES / NO

Psoriasis YES / NO

Vitiligo YES / NO

Rosacea YES / NO

Delay in wound healing YES / NO

HIV/AIDS YES / NO

Cancer YES / NO

Any others please list \_\_\_\_\_

## CLIENT MEDICAL HISTORY

Are you pregnant or breastfeeding? YES / NO

Do you have any auto-immune disorders or immune-deficient?  
(Lupus, Multiple Sclerosis etc.) YES / NO

Please initial:

I have informed the Fibroblast technician that I am in good health & not experiencing any infection or illness that would exclude me from receiving a treatment today

I acknowledge this is an elective treatment at my request

I am not taking blood thinners or any other medications that increase the chance of bleeding

If you have a history of Epilepsy, must be compliant with medication and no seizure within the past 2 years.

I am not taking Accutane or have taken this medication in the past year

I am not allergic to Lidocaine

I do not have a pacemaker

I have been given the opportunity to ask questions about the procedure and the risks involved & I believe I have sufficient information to give the informed consent

I accept full responsibility for any and all, present and future, medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me

## AFTERCARE

When it comes to skin procedures, as with Fibroblast treatments, the aftercare is as important as the treatment. The aftercare must be followed for proper healing.

### **Dexpanthenol Spray Solution (Hydrating Mist)**

Dexpanthenol spray solution contains dexpanthenol which is quickly absorbed in the body, where it is converted into pantothenic acid, a water-soluble vitamin B5, and it is needed for normal skin repair.

#### **How to Use**

- Lightly spray it for the first 24hrs after Plasma Fibroblast treatment 3-4 times a day
- Spray on cotton pad and tap over treated area - DO NOT scrub the treated area
- Can be used throughout the entire healing process

### **Panthenol Ointment (Aquaphor Healing Ointment)**

Healing Ointment protects the skin to enhance the natural healing process and help prevent external irritants from reaching the wound. The minor wound and burn ointment has a sting-free formula that provides soothing relief to minor wounds, cuts, scrapes and burns.

#### **How to use**

- Apply the ointment 24hrs after the treatment
- Apply a thin layer two times a day, for 3 days then once a day until the dots come off
- It can be applied after the dots come off to calm the skin if redness/pink discoloration occurs

### **Zinc oxide - Zinc Spf 50 Sunscreen**

This gentle formula delivers superior broad spectrum protection against burning UVB and aging UVA rays. Plus, it's mild even on sensitive skin. Zinc is a protectant that is used to treat burns and minor skin irritations.

#### **How to use:**

MUST be applied when exposed to sun or UV

- Cream is applied on top of Panthenol Ointment
- Apply a very thin layer
- Apply no more than twice a day
- It's recommend to use during the healing process and for at least 3 moths after treatment to help avoid hyperpigmentation