# Environ Medical Skin Needling CONSENT FORM



Clinic or Salon Name:		
Full name:		
Date of Birth :		
Contact Number:	Email:	
	Y	ES NO
Are you currently taking any medication?	1	110
If yes, please list:		
	Y	ES NO
Do you suffer from any medical conditions?		
If yes, please list:		
Please tick:		
Please tick.		
I understand that there may be some degree of disco bruising and redness with having this treatment.	mfort including inflammation,	
I understand that a topical anaesthetic will be applied treatment	to numb my skin prior to the	
I understand that my skin will be pricked repeatedly s stops within minutes and then a straw coloured fluid r This also stops within a few minutes.)		
I understand that there are no guarantees to the resul variables such as age and condition of the skin.	Its of this treatment, due to	
I understand that for the first 24 hours after the treatr recommended and not apply any makeup or sunscre channels remaining open for 24 hours after)		
I understand that this is a cosmetic treatment and no implied.	medical claims have been	
I understand to achieve maximum results, I may need	several treatments.	
I understand that although complications are very rar outcome may occur and that prompt treatment would anything occurs I will immediately contact the technic treatment in order to be referred on to a medical doc	d then be necessary. If cian that performed the	
1		hereby authorise
Needling. I understand the nature of the treatment and full. I also agree to follow post-care treatment are recommended by the qualified person that conditions to the commended by the qualified person that conditions are treatment as the conditions are t	ent and the risks involved have dvice and to use only the skin	e been explained to me in
I acknowledge that whilst certain benefits are like individual results will vary and that no guarantee		
PRINT NAME:	(Patient or guardian)	
SIGNATURE:	DATE:	ENVIRON® a beautiful skin for a lifetime

# Environ Medical Skin Needling TREATMENT INFORMATION



# Environ® Medical Skin Needling (PCI) is beneficial for:

- Softening fine lines and wrinkle reduction
- Stretch marks and scar reduction
- Improving skin elasticity
- Thickening of the skin by stimulating the body's own repair response
- Inducing production of natural collagen and growth factors
- Lighten pigmentation
- Diminish dilated blood vessels

## Advantages:

- A natural response is induced
- Minimal healing time
- Cost effective
- No risk of scarring
- Can safely be repeated for maximum results
- Suitable treatment for all areas of the face, neck and body

### Contra-indications for Medical Roll-CIT treatment:

- Patients who have not prepared their skin with Vitamin A (for at least 3 weeks prior to the procedure).
- Presence of skin cancers, warts, raised moles, solar keratosis or any type of skin infection.
- Clients on anti-coagulant drugs such as warfarin, heparin. Patients taking aspirin daily for any medical condition should cease it 3 days prior to treatment.
- Allergy to topical or local anaesthetic or general anaesthesia.
- Patients on chemotherapy, corticosteroids or radiotherapy.
- Uncontrolled diabetes or any auto immune disorder.
- Active acne, impetigo or herpes simplex.
- Eczema, dermatitis or psoriasis.
- Recent use of Roaccutane.

### Recommended Pre and Post Environ Skincare

Ideally skin should be prepared with Vitamin A for a minimum of 3 weeks prior to treatment.

- All clients not using Environ should start on either AVST 1 or C-Quence 1 for at least 3 weeks prior.
- Sebu-wash (to cleanse) Body EssentiA® Vitamin A, C & E Body Oil and Intense C-Boost Mela-Even Cream is recommended for at least 3 days post treatment and then the client can resume their normal skincare regime. They can incorprate these products with their existing products to enhance results and reduce the dryness that the client's often experience.

