



Advanced Skin Studio LLC
 202 South 1st Avenue #100, Yuma, AZ 85364
 928-482-6558

Microchanneling Screening Form

***BOLD** items are hard contra-indication

Name: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____ Referred by: _____

- Yes No Are you over 18 years of age?
- Yes No Do you take aspirin or blood thinners regularly?
- Yes No Have you had injectables in the past 30 days?
- Yes No Have you taken any mood altering drugs in the past 8 hours?
- Yes No Do you have a history of cold sores, herpes or fever blisters?
- Yes No Are you sensitive to Latex?
- Yes No Have you had a chemical or LASER peel? If so, when? _____
- Yes No Do you have trouble healing?
- Yes No **Are you currently undergoing radiation or chemotherapy?**
- Yes No Are you currently using Retin-A, AHA, or other exfoliating skin care products?
- Yes No Are you allergic to any metals?
- Yes No Are you currently taking anti-inflammatory medications or steroids?
- Yes No Are you allergic to any anesthetics, (any of the "caines")?
- Yes No Do you have a history of skin disease?
- Yes No Do you have a history of skin sensitivity?
- Yes No Are you currently taking vitamin A or E in any form?
- Yes No **Are you pregnant or nursing?**
- Yes No Are you currently being treated by a dermatologist?

Please Check any that apply to you:

Heart Condition	Hepatitis	HIV	Cold Sores
Hyper Pigment	Smoker	Compromised Immunity	Accutane in last 2 yrs
Allergic to Steel	Diabetes (uncontrolled)	Chronic Skin Disease	Hemophilia

Client Signature: _____



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Microchanneling Consent Form

Patient name: _____ **Date:** _____

I authorize Tina Lee at Advanced Skin Studio LLC to perform Microchanneling on my skin, and to apply topical preparations as determined necessary.

I understand that Microchanneling is non-ablative skin rejuvenation & involves the creation of perforations in my skin to promote healing responses to rejuvenate my skin. I understand that the procedure is performed with an automatic perforating device and that clinical results may vary. I understand there is a possibility of short-term effects such as reddening, peeling, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as infection & scarring. These effects have been fully explained to me. **If at any time there are signs of infection, I will contact my physician immediately.**

Clinical results may vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, and my compliance with pre/post treatment instructions.

I understand that the Microchanneling treatment may involve a series of treatments and that the fee structure has been fully explained to me.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained, and that there are no refunds offered for lack of satisfactory results. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I am not pregnant at this time. I also have completed a medical history checklist and been informed about what I must do and "not do" before, during and after the procedure.

I consent to the taking of photographs and authorize their anonymous use for the purposes of clinical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

I furthermore indemnify the authorized person herein, and hold harmless from any and all claims, demands, liabilities, judgments, costs and expenses arising out of any claims relating to the procedure authorized herein.

Client Signature: _____ Date: _____

Treated Area(s): _____ Price agreed \$ _____



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Microchanneling Post-Care

If you see any signs of infections, please contact your physician immediately.

1. If any Microchannel Delivery Serum remains, apply continually until gone, approximately every 15-30 minutes.
2. No other products should be applied until the following day.
4. When the numbing wears off your skin may feel like a mild sunburn. You may apply cool compresses as desired.
5. Needle lengths of 0.25mm, 0.5mm will result in mild redness and swelling for up to 24 hours.
6. Needle lengths of 1mm, to 1.5mm will result in redness and swelling for up to 72 hours.
7. Beginning the following morning you can resume your normal skin care/cosmetic routine as normal. Your technician will inform you as to the best products to use.
8. Peeling and skin sloughing may occur for several days after treatment.
8. Trans Epidermal Water Loss is a common temporary side effect and could leave you feeling dry. Keep the recommended moisturizer with you during the day and apply as frequently as necessary to avoid a dry sensation.
9. STAY OUT OF THE SUN for 24 hours and wear a good quality, high SPF!
10. Return for a follow up treatment in about a month or as recommended
If prolonged irritation occurs, please call our office.

Client Signature: _____



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Advanced Skin Studio Liability Waiver

By signing and initialing this waiver of liability form you are legally agreeing and adhering to the following terms & conditions:

Results are never guaranteed and we cannot control how the body responds to any treatment. We are 100% free of any liability associated with your personal results from any treatment preformed, you are selecting at your own risk. **Advanced Skin Studio LLC will not be slandered on any public forum** following any procedure or service preformed at the Studio. All concerns and any possible dissatisfaction must be **addressed with your specialist personally and not taken to social media of any form**. Slander and libel are serious offenses and legal action will be taken if any violations of any terms listed on this waiver are violated.

Advanced Skin Studio LLC is not responsible for any reactions/risks associated with any treatments preformed because YOU ARE SELECTING THIS SERVICE AT YOUR OWN RISK AND YOU ARE RESPONSIBLE FOR RESEARCHING AND KNOWING RISKS AND SIDE EFFECTS BEFOREHAND AND ARE LEGALLY SIGNING OFF THAT ADVANCED SKIN STUDIO LLC OR YOUR TECHNICIAN, TINA LEE WILL NOT BE HELD FINANCIALLY RESPONSIBLE FOR ANY OUTCOME.

By signing below you are agreeing that you have and understood everything stated above, you ensure that you have discussed each point above with your specialist and are aware that this decision is fully and totally yours. Your signature states that you understand and accept these terms.

Client Signature: _____