



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

## Fibroblast 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 performed, you are selecting at your own risk. Advanced Skin Studio LLC **will not be slandered on any public forum** following any procedure or service performed 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 performed 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 DERMILLUSION LLC 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.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Plasma Pen/Fibroblast Consultation Record**

Before carrying out this treatment, you are required to complete and sign this consultation record, thus giving your absolute consent to treatment. Additionally, you will need to disclose your full medical history, which will determine whether you are a suitable candidate for the proposed treatment. If the specialist does not think you are suitable for the treatment, this will not be carried out.

Your specialists will discuss the procedure in full, including what it will involve, the benefits, and any risks, the healing process, and advise upon any further treatment if/where necessary. You will then be provided with written aftercare information for you to keep and refer to during the subsequent healing process.

It is important you discuss with your technician any areas of this form you wish to have clarified or explained further. It is ultimately your responsibility to ensure you understand in full the procedure and the expected outcomes **before** treatment commences.

**PLEASE READ CAREFULLY AND SIGN WHERE INDICATED, ONLY when you are ready to proceed.**

**Ensure all points below have been discussed with your specialist. You are signing to state that you understand and accept these terms.**

Terms of your treatment:

- You have chosen a cosmetic procedure that is not medically necessary.
- Fibroblast is an art process - not an exact science - and cannot guarantee an exact shrinkage result due to skin elasticity and individual healing process.
- You may be required to return for additional treatments before your overall procedure is deemed complete. The payment for any additional work (if applicable) will be agreed prior to the treatment commencing. Depending upon area of treatment, additional treatments cannot be performed until after 6-8 weeks from date of initial treatment. This is in order to allow the initially treated area to heal fully.
- Your specialist will use a treatment plan to record the areas you have chosen, anesthetic used, probe used, as well as pre and post treatment photographs.
- The skin type of every client is different and the healing process may lead to some discoloration of the skin. Skin rejuvenation treatments such as micro needling may be advised after the healing process is complete.



- After each treatment, some swelling or redness may occur. In some cases there may be extreme swelling. Your specialist will give you appropriate advice to help reduce this risk. Throughout the treatment, you may experience some discomfort, but your specialist will reassure you throughout and endeavor to make you feel comfortable.
- Since the treatment includes small burns to the skin, you may experience the smell of charring. This is perfectly normal.
- You **must** adhere to the specialist's aftercare advice given to you following your treatment. This is very important and will reduce the risk of post procedural infection upon leaving the clinic. You must let the treated area heal properly. Avoid picking, plucking, or knocking as this will hinder the healing process and could make the treatment appear uneven, thus requiring further work.
- Be aware that skin altering procedures such as plastic surgery, implants, injectables, and weight gain may alter the fibroblast look.

### **PHOTOGRAPHIC CONSENT**

I consent to photographs being taken **BEFORE, DURING, and AFTER** my procedure. I agree to these being stored with my case file and I hereby give my consent for **Advanced Skin Studio LLC** and the individual specialists to use them for promotional purposes.

**Signature:** \_\_\_\_\_

### **PATCH TEST/WAIVER (Please mark A or B)**

**(A)** \_\_\_\_ **ACCEPT SPOT TEST** I understand that a skin test can determine whether I will experience a reaction to the products or hyperpigmentation may occur after the skin is fully healed. I accept this will be inconclusive as to whether I will have a skin reaction at any time in the future.



**(B) \_\_\_\_\_ REFUSE SPOT TEST** I have undergone or been offered a spot test prior to my initial treatment. I therefore release the specialist and Advanced Skin Studio, LLC from liability related to any allergic reactions or pigment changes I may experience associated with either application of pre-treatment cream or any other products used after the procedure, or the fibroblast treatment itself immediately or at a later date.

**CONSENT**

I understand that my specialist will be in direct contact with me in relation to the fibroblast treatment. This treatment involves the use of a disposable probe. All other equipment is sterilized before use, all surfaces involved in the process are protected and gloves will be worn at all times by the specialist during the treatment.

I hereby consent to receiving a fibroblast treatment. My specialist has explained the terms and conditions of the treatment and I have fully understood these. I hereby give written consent to the specialist who is a fully trained and insured specialist, to carry out the treatment of my choice as requested by me on this consent and treatment agreement, and I agree to hold said specialist and Advanced Skin Studio, LLC harmless.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Treatment area: \_\_\_\_\_

Price agreed: \_\_\_\_\_



FIBROBLAST MEDICAL HISTORY FORM

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Wrk/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are you now or have been under the care of a physician for a serious medical issue? \_\_\_ Yes \_\_\_ No
If Yes, please provide physicians name, phone #, also state the issue

\_\_\_\_\_

Person to contact in an emergency and phone #: \_\_\_\_\_

List all medications you are currently taking that might make you bleed such as anticoagulants, that thin the blood and interfere with clotting, including Retin A, Glycolic Acid, Acutane:

\_\_\_\_\_

List any drug, food, skin, makeup allergies: \_\_\_\_\_

Do you have now or in the past a history of skin diseases, skin lesions or sensitivities to soap, disinfectants, etc.? If so, please list: \_\_\_\_\_

Have you ever undergone skin tightening services? When? \_\_\_\_\_

Do you have a history of keloid scarring? \_\_\_\_\_ Please describe: \_\_\_\_\_

List products used for skin care: \_\_\_\_\_

DO YOU HAVE OR EVER HAD THE FOLLOWING CONDITIONS \_\_\_ YES \_\_\_ NO:

- Abnormal Heart Condition
Cold Sores
Herpes Simplex
Hemophilia
Prolonged Bleeding
Circulatory Problems
Epilepsy/Narcolepsy/Seizures
Diabetes
Fainting Spells/Dizziness
Cataracts
Glaucoma
Are you using any eye drops or ocular medications?
History or hyper pigmentation from an injury?
Subject to rashes
Corneal Abrasion
Eye Surgery/Injury
Blepharoplasty (Eyelid Surgery)
Visual Disturbances
Cancer Type
Tumors/Growths/Cysts
Chemotherapy/Radiation
Are you Pregnant?
Hepatitis
Do you wear contact lenses?
Do you use tobacco products?
Dry Eye
Are you currently taking aspirin/ibuprofen?
Sensitive skin



Do you feel well enough to have a fibroblast treatment today? \_\_\_\_\_

Are you planning on having any invasive skin services in the near future? \_\_\_\_\_

Details: \_\_\_\_\_

Do you have any allergies to the following:

Antibiotics: \_\_\_\_\_ Soaps: \_\_\_\_\_ Metals: \_\_\_\_\_

Cosmetics: \_\_\_\_\_ Latex: \_\_\_\_\_ Alcohol: \_\_\_\_\_

Numbing Agents (Caine Derivatives): \_\_\_\_\_

Do you now or ever had any of these communicable diseases or infections:

Hepatitis: \_\_\_\_\_ Tuberculosis: \_\_\_\_\_ Gonorrhea: \_\_\_\_\_ Syphilis: \_\_\_\_\_ Herpes: \_\_\_\_\_ HIV: \_\_\_\_\_

Staph: \_\_\_\_\_ IV drug use: \_\_\_\_\_ Other information that could aid the technician in evaluating the tattoo process and necessary aftercare: \_\_\_\_\_

**PLEASE READ & INITIAL:**

I acknowledge by signing this, that I have been given the full opportunity to ask any and all questions I might have about having a fibroblast treatment from my technician, and that all my questions have been answered to my full and total satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below, and by initials I agree as follows:

\_\_\_\_ I acknowledge that it is not possible for my technician to determine whether I might have an allergic reaction to the metals, topicals, or pre/post care products. I agree to accept the risk that such a reaction is possible.

\_\_\_\_ I acknowledge that infection is always possible, particularly in the event that I do not take care of my fibroblast site. If I see signs of infection I will see a physician.

\_\_\_\_ I acknowledge the receipt of written aftercare advising me of the proper care of my skin, and I recognize the absolute necessity for following these instructions.

\_\_\_\_ I acknowledge that fibroblast treatments may leave permanent scarring and disfigurement, especially in darker skin tones.

\_\_\_\_ I acknowledge that I am not under the influence of drugs or alcohol, or any intoxicating substance at the time of the procedure.

\_\_\_\_ I agree to release and forever discharge and hold harmless my technician, and Advanced Skin Studio LLC from any and all claims, damages, or legal actions arising from or connected in any way with fibroblast, or the procedure and conduct used to perform this service.

I, the client, agree with all points listed and discussed, and wish to proceed as recorded. I participated fully in the decision for selected area or areas intended for my fibroblast treatment. I hereby agree to follow after-care advice.

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

\_\_\_\_\_  
Date



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## Fibroblast Aftercare

**\*\*If you see any sign of infection, contact your physician immediately.\*\*** As a natural healing response, it is usual for the treated area to become swollen, especially around the more delicate areas such as the eyes and may feel like a sunburn. Initially after treatment and for a day or so afterward there may be occasional weeping. This is simply plasma and is a natural healing response. You may notice the skin is pink and/or see little impressions where the procedure was performed for a few months. This is normal and all part of the healing process.

As the treated area begins to heal, you will notice its drying out process, a brown/black crust develops upon the surface of the skin. This simply flakes out after a few days but in some cases they can take over two weeks. **DO NOT pick** at this crusting as it can lead to infection or scarring.

For the first three days after the procedure, do not get the area wet or use any product except pure aloe vera. It's important to let the area dry and scab. If you feel discomfort or tenderness, an ice compress can be used if a cloth is wrapped around it avoiding the area to get wet.

After the third day, keep the area moist with a good quality oil such as vitamin E or rose hips oil. Your technician will recommend aftercare for your specific needs. Makeup can be worn when all scabs have fallen off.

It is imperative to **STAY OUT OF THE SUN!** Sun exposure can cause discoloration and ruin your results. After day three if you are out and about, apply a high quality sunscreen (at least SPF30) and be sure to re-apply throughout the day. Remember, UV rays come right through the car window, so even if you're not physically outside, applying sunscreen is very important.

Providing you listen carefully and follow closely all aftercare advice you should soon be enjoying your new look. However, if it anytime the treated area becomes hot, red, or show signs of infection, please contact your health care provider immediately. For optimum results, more than one treatment is usually needed and can be completed from around six weeks onward.

By signing below you agree to comply with aftercare instructions.

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Client Signature

Date