

INFINI MICRONEEDLING

PRE & POST-TREATMENT GUIDELINES

○ **Post-Treatment Care**

- After treatment, use an ice pack to calm the skin down. Additionally, application of an antibiotic cream and a moisturizing spray is recommended.
- It is possible to wash the face lightly on the day of treatment with mild soap and water.
- Post-care patient education is needed.
- Do NOT rub the treated area.

○ **Contraindications**

Strict Contraindications:

- Acute inflammatory skin disease (other than acute inflammatory acne)
- Hemorrhagic disease
- Uncontrolled diabetic complications or other severe medical complications
- History of keloid formation
- Patient with a cardiac pacemaker
- Patient with an implanted defibrillator
- Pregnant or breastfeeding

Need Consultation:

- Uncontrolled hypertension
- Potentially precancerous or otherwise abnormal birthmarks (e.g., moles)

Need Patient Consent:

- Metal pins, implants or prosthetic joints in the body (may feel a tingling sensation around these areas)
- Allergy to steroid drugs (when steroids are used as part of the post-care regimen)
- Metal allergy (MFR needles are made of gold as surgical steel)

Please initial: _____

INFINI – Patient Consent to Treatment

Patient Name: _____

I understand that INFINI® treatment (micro-fractional radio frequency) is intended for treatment of skin rejuvenation, wrinkles, acne scars, skin tone and skin texture and that treatment is commonly performed over facial and non-facial areas.

- Will you receive MFR treatment?

INFINI MFR treatment renews skin cells by inserting micro-needles and exposing RF energy in dermis layer.

Short-term side effects such as redness, swelling, bruise, mild burning sensation or fine crusts of the skin are not uncommon. Pinpoint bleeding may also occur depending on patient's skin conditions.

The downtime for recovery can be minimal to as short as a weekend. Downtime may be longer for deeper treatments.

I understand that clinical results may vary depending on my response to surgery and my compliance with pre and post treatment instructions.

I understand that no guarantee has been given to me with the regard to the percentage of improvement of my skin and that more than one treatment is recommended to achieve the desired results.

With this in mind, I am choosing to undergo:

- Full-Face
- Neck
- Facial Region
- Other

I have read and understand this form and my questions have been addressed and answered to my satisfaction. I have read pre-treatment considerations and post-treatment instructions and I will follow the recommendations outlined to protect my skin.

Patient Signature _____ Date of Treatment _____

Witness Signature _____