Kiss Kreations Permanent Makeup and Tattoo Removal Salon
MicroChanneling Screening Form

3450 W. Chandler blvd Ste 1 Salon 133 (inside Phenix Salon Suites), Chandler, AZ 85226 | 602-282-3872 | info@chandlermicroblading.com

Name: Date:

Address:

City: State: Phone:

Email: How did you hear about us?

☐ Yes ☐ No Are you over 18 years of age?

☐ Yes ☐ No Have you taken aspirin or blood thinners in the past 7 days?

☐ Yes ☐ No Do you have an allergy to Aloe Vera?

☐ Yes ☐ No Have you taken any mood-altering drugs in the past 8 hours?

(Initial) _____ I understand that if I have a history of cold sores, herpes, or fever blisters I must take my medication prescribed by my physician in advance or tell the technician to skip treatment around my lips.

Signature

☐ 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 Have you had any botox or fillers? If so, when? _____

☐ Yes ☐ No Are you currently undergoing radiation or chemotherapy?

☐ Yes ☐ No Are you currently using Accutane, Retin-A, AHA, or other exfoliating skincare products?

☐ Yes ☐ No Are you allergic to any metals? If so, what? _____

☐ Yes ☐ No Are you currently taking anti-inflammatory medications or steroids?

☐ Yes ☐ No Are you allergic to any anesthetics? If so, which? _____

☐ 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? If yes, what for? _____

Dermatologist's name:

Please circle any that apply to you:

☐ Heart Condition ☐ Hepatitis ☐ HIV ☐ Cold Sores

☐ Hyper Pigment ☐ Smoker ☐ Keloid Above Neck ☐ Allergic to Steel

☐ Accutane in last 2 yrs ☐ Diabetes (uncontrolled) ☐ Chronic Skin Disease ☐ Hemophilia

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Consent form for Micro-Channeling

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Micro-Channeling is an elective procedure for cosmetic purposes only. I have had the opportunity to ask questions and understand the nature, goals, limitations, and possible complications of this treatment. I have had the opportunity to discuss alternative forms of treatment and understand that results may vary.

I clearly understand and accept the following:

(Initial) _____ The goal of these treatments, as in any cosmetic procedure, is improvement - not perfection. I understand my results might not be perfect, and the number of treatments necessary may vary.

(Initial) _____ There may be more treatments necessary than I anticipated.

(Initial) _____ There is no guarantee that expected or anticipated results will be achieved.

(Initial) _____ I understand that compliance with recommended aftercare guidelines is crucial for the healing and prevention of scarring or skin textural changes.

(Initial) _____ Micro-Channeling has a low risk of complications. Since this is a new technology, side effects may be seen as additional patients are treated.

I understand the following side effects or complications may occur:

(Initial) _____ Discomfort at the treatment site with transient redness and swelling which may last up to two hours or longer. The redness may last up to 2-3 days. The treated area may feel like a sunburn for a few hours after treatment.

(Initial) _____ Increased or decreased pigmentation is possible and can take 3 to 6 months or more to resolve.

(Initial) _____ Loss of pigmented lesions such as freckles may give the appearance of loss of pigment.

(Initial) _____ Small areas of scabbing may occur 2-3 days following the treatment.

(Initial) _____ Infection is possible if proper aftercare guidelines are not followed.

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Contraindications

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While MicroChanneling treatments are safe and effective for most women and men, there are some people who will not be good candidates for these types of treatments.

Here is a general contraindication list that should be considered by anyone who is thinking of undergoing MicroChanneling:

Pregnancy – if you are pregnant or nursing you are advised to not receive any MicroChanneling treatments. To date, there have been no studies conducted to see what effects these treatments may have on the unborn child, but as a general rule, pregnant women should stay away from any type of cosmetic/elective procedures.

Diabetes - unstable diabetes patients should not be treated due to problems with healing.

Accutane or any related acne medication - Accutane or any related drug should be discontinued for a minimum of 6 months prior to undergoing MicroChanneling.

Active Herpes Simplex in the treatment area - treatment is possible once the outbreak is healed, however, it may be advisable to take prescription-strength antiviral medication to keep this condition in remission during the treatment series.

Dry skin - if your skin is overly dry, you will need to start moisturizing and ensure the condition is under control prior to undergoing any treatment.

Any active inflammatory skin condition e.g. eczema, psoriasis, infection, rash, or any type of dermatitis at the treatment site (because it may aggravate the condition).

(Initial) _____ I have no allergies to anything that I am aware of.

(Initial) _____ I understand that I must verbally inform my technician of any concerns, use of medication (including aspirin or other pain medications), or medical conditions I have before receiving MicroChanneling procedures even though it is noted on the medical history form.

(Initial) _____ I understand that if I do have a medical condition or any allergies that would contraindicate the MicroChanneling procedure, the technician can make a decision to ensure my safety and refuse to do any MicroChanneling procedures on my behalf.

(Initial) _____ I am not under the influence of alcohol, drugs, or any other substances.

(Initial) _____ I release ProCell Therapies, and its subsidiaries and representatives of all claims for injury seen or unseen that may occur as a result of this procedure.

(Initial) _____ I understand that no promise has been made to me as to the final result of the procedure I have consented to undergo.

(Initial) _____ There are possible risks involved, and these have been explained to me prior to having the treatment and I understand them.

(Initial) _____ I have been given the opportunity to address all of my questions and concerns about the risks, hazards, and aftercare for the procedure(s) that will be performed with my consent.

(Initial) _____ Although noticeable results may be obtained with a single MicroChanneling treatment; the greatest improvement will be seen after a series of four to six consecutive procedures. I hereby release ProCell Therapies as well as my treatment provider technician of **Kiss Kreations Permanent Makeup LLC** from any liability associated with my MicroChanneling treatment. I grant ProCell Therapies and my treatment provider the right to use any photographs, testimonials, or other information that I knowingly provide for promotional purposes.

Printed Name:

Signature: Date:

Patient name: Date:

I authorize Kiss Kreations Permanent Makeup LLC and its technician 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.

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 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. 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 understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). Initial _____

I consent and authorize the use of any photographs of me for the purposes of marketing and education:

☐ Yes ☐ No

If not, may we blur out your face and use the photos that way?

☐ Yes ☐ No

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.

Patient Signature: Date:

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Microchanneling Post-Care

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1. If any Microchannel Delivery Solution roll-on remains, apply continually until gone.
2. No other products should be applied until the following day.
3. First 90 minutes (skin stays open for 90 minutes) - nothing introduced to the skin other than the serum or hydrating masks after the procedure
4. Next-Day - begin aftercare or moisturizing and apply throughout the day as needed for 3-5 days, can wear make-up and return to a daily skincare regimen, stay out of the sun, gym, excessive sweating for 24 hours
5. When the numbing wears off your skin may feel like a mild sunburn. You may apply aloe vera as needed to aid the tingling sensation.
6. Needle lengths of 0.25mm, 0.5mm will result in mild redness and swelling for up to 24 hours.
7. Needle lengths of 1mm, to 1.5mm will result in redness and swelling for up to 72 hours.
8. If using Procell Accelerator aftercare serum begin application the following day. (Cleanse and apply 1-3 pumps). Apply daily, morning and evening for as long as you feel necessary for dryness/healing.
9. Peeling and skin sloughing may occur for several days after treatment.
10. Transepidermal 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.
11. Return for a follow-up treatment in about a month or as recommended

If prolonged irritation occurs, please email or contact us.