RADIANT LASER

RADIANT AURORA MICRONEEDLING



TREATMENT CONSENT AND INFORMED WAIVER

FOR MULTIPLE TREATMENT AREAS:

FACE	BODY	SCARS	STRETCH MARKS	HAIR RESTORATION
Texture, fine lines and overall skin rejuvenation	Skin texture, firmness and scars	Acne scars, surgical scars and trauma scars	Helps improve the appearance of stretch marks	Supports scalp rejuvenation and hair appearance

CLIENT INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone: _____

Email: _____

Address (optional): _____

ABOUT RADIANT AURORA MICRONEEDLING

The Radiant Aurora is a professional microneedling device designed to create controlled micro-injuries in the skin. This stimulates the body's natural healing process, increasing collagen and elastin production to improve skin texture, tone, firmness and overall appearance. It can be used on the face, body, scars, stretch marks and scalp for hair restoration.

POTENTIAL BENEFITS

- Improves skin texture, tone and firmness
- Reduces the appearance of fine lines and wrinkles
- Helps improve the appearance of acne scars, surgical scars and stretch marks
- Supports overall skin rejuvenation and collagen production
- May help improve scalp health and support the appearance of hair density when used for hair restoration
- Suitable for various areas including face, neck, décolletage, body and scalp

POTENTIAL RISKS AND SIDE EFFECTS

Although microneedling is generally safe when performed by a trained and qualified professional, possible side effects may include:

- Temporary redness
- Swelling
- Mild discomfort or sensitivity
- Pinpoint bleeding
- Dryness or flaking
- Itching
- Tightness
- Bruising (less common)
- Changes in skin pigmentation (lighter or darker areas)
- Temporary breakouts
- Infection (rare)
- Prolonged redness (rare)
- Scarring (very rare)
- No improvement or incomplete results

CONTRAINDICATIONS (Treatment may not be suitable if you have:)

- Pregnancy or breastfeeding
- Active skin infections (e.g. cold sores, bacterial, fungal or viral)
- History of skin cancer or pre-cancerous lesions in the treatment area
- Open wounds, rashes, eczema or psoriasis in the treatment area
- Recent tanning, sunburn or excessive sun exposure
- Use of isotretinoin/Accutane (within the last 6–12 months)
- Use of blood-thinning medications (as advised by your healthcare provider)
- Uncontrolled medical conditions (e.g. diabetes, autoimmune disorders)
- History of keloid scarring or poor wound healing
- Active acne or severe inflammatory skin conditions (may require medical clearance)
- Any other condition that, in the opinion of the practitioner, may make the treatment unsafe

TREATMENT AREAS AND INDICATIONS

FACE	• Improves skin texture, fine lines, wrinkles and overall radiance. • Helps with enlarged pores and mild acne scarring.
BODY	• May improve skin texture, firmness and the appearance of scars. • Helps reduce the appearance of stretch marks.
SCARS	• Helps improve the appearance of acne scars, surgical scars and trauma scars.
STRETCH MARKS	• Supports collagen production to improve the appearance of stretch marks.
HAIR RESTORATION (SCALP)	• Stimulates the scalp to support hair density and overall hair appearance. Usually performed in a series of treatments.

CLIENT ACKNOWLEDGEMENT AND CONSENT

- ☐ I have read and understood the information provided above.
- ☐ I have had the opportunity to ask questions and have received satisfactory answers.
- ☐ I understand the potential risks, side effects and benefits of Radiant Aurora microneedling for all indications (face, body, scars, stretch marks and hair restoration).
- ☐ I confirm that I have disclosed my complete medical history, current medications and any skin conditions to the practitioner.
- ☐ I understand that multiple treatment sessions are typically required for optimal results and that results may vary.
- ☐ I understand that no guarantee can be made regarding the outcome of the treatment.
- ☐ I agree to follow all pre- and post-treatment care instructions provided by the clinic.
- ☐ I voluntarily consent to receive Radiant Aurora microneedling treatments.
- ☐ I release the clinic, its owners, employees and affiliated partners from any liability related to the treatment, except in cases of negligence.

CLIENT SIGNATURE

Client Signature: _____

Date: _____

Practitioner Name: _____

Date: _____