



Informed Consent Form

Microneedling – Eclipse Pen

I, _____, Authorize _____,
and/or a designated practitioner of Dr. Alan Burke – Virginia ENT to perform Microneedling on
the following areas of my body: _____.

The Eclipse MicroPen makes use of a process known as Automated Microneedling, or Collagen Induction Therapy (CIT), to treat fine lines, wrinkles, and acne scars by stimulating production of the skin's own collagen and elastin. Found naturally in the skin, collagen and elastin help give skin a healthy glow and more youthful appearance. The depth of the needles is determined by the severity of the skin condition. The rapid pulsing motion allows the device to quickly treat the target area with minimal discomfort.

Results will become more visible typically within a few days and over the following weeks. Results can continue to improve for up to 6 months after the initial treatment. Patients typically receive 3-4 treatments, but many need up to 6 sessions each spaced 6 to 8 weeks apart. Patients with deep scarring or wrinkles are more likely to need extra sessions.

Common Side Effects & Risks

After the procedure, the skin will be red and flushed in appearance, like a sunburn. You may experience skin tightness and mild sensitivity to touch on certain areas. This will diminish within a few hours. Within the next 24 hours, the skin will often appear to have returned to normal. After 3 days, there is rarely evidence that the procedure has taken place. Cosmetic treatments may not completely improve or prevent future conditions. There are many variables which influence the long-term result. Additional procedures may be necessary to further enhance results. There is no guarantee on results.

Photography

I do ____ or do NOT ____ consent to photographs and other materials over the course of my therapy be used for medical, marketing, and educational purposes. Although the materials will not contain my name or any other identifying information, I am aware I may or may not be identified by the photos.

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- ☐ I understand this involves payment, and the fee structures have been explained.
- ☐ I understand there are other options for treatment that are available, which have been explained.

I have read and understood all information presented to me before signing this consent form. The staff gave me the opportunity to answer my questions to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

