

REJUVAPEN PATIENT CONSENT FORM

LAKES COSMETIC INSTITUTE

The following points of information have been specifically discussed and made clear and I have had the opportunity to ask any questions concerning this information:

1. I, _____, understand that REJUVAPEN will be used to treat skin tightening, acne scars, wrinkles or lifting and firming of the skin.
2. Any and all follow-up treatment (if necessary) needs to be scheduled with a licensed medical provider to determine if additional treatments are necessary.
3. I understand that most patients look as though they have a moderate to severe sunburn and my skin may feel warm and tighter than usual. Most patients usually recover within 24 hours or less. Because the device penetrates the skin, there can be a risk of infection. If this occurs, a follow up appointment will be required for further treatment.
4. Rejuvapen may not be used directly on any of the below conditions. I have disclosed any of the health concerns below that apply to me:

Open sores or lesions

Skin Cancer

Broken or irritated skin, including conditions such as hives or dermatitis

Any stage of melanoma

Rosacea

Raised Surface

Eczema

Active Acne

Any type of infections

I authorize _____ to perform my treatment with Rejuvapen.

Patient Signature _____ Date: _____

RN Signature _____

Patient #: _____