

Acupuncture Center of La Jolla

Informed Consent

Cosmetic Acupuncture involves the insertion of special needles into specific points on the body. There are some risks to treatment, including the possibility of bruising and/or slight bleeding, weakness, fainting, and/or aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection as all the needles are single use, sterile disposable needles. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection, or have been prescribed anti-coagulant medication such as Coumadin or Warfarin, we can still treat you but should be made aware of your condition. By signing below, you are stating that you have informed your acupuncturist of such conditions.

Result Guarantees

While Cosmetic Acupuncture has been clinically shown to work, we want to remind you that everyone's body, skin and repair process works differently. The purpose of Cosmetic Acupuncture is to create a younger and more vibrant appearance. Please be advised that this is not a surgical procedure and cannot be compared to a surgical facelift. We cannot guarantee specific results of the treatments.

Micro-Needling Therapy

I consent to the treatment of Micro-Needling to be carried out upon myself.

The Micro-Needling treatment allows for controlled induction of growth factor serums, or hyaluronic acid into the skin's self-repair process by creating micro-injuries in the top layers of the skin. These injuries stimulate new collagen production, while not posing the risk of permanent scarring. The result is smoother, firmer and younger looking skin. The skin needling treatments are performed in a safe and precise manner with a single-use sterile micro-needle head and are usually completed in 30-60 minutes.

Contraindications:

Acutane within 6 months, Scleroderma, collagen vascular disease, cardiac abnormalities, rosacea, blood clotting disorders, platelet abnormalities, anticoagulation therapy, facial cancer (past/present), chemotherapy, steroid therapy, dermatological diseases affecting the face (ex: Porphyria), diabetes and other chronic conditions, active bacterial or fungal infections, immune-suppression, scars less than 6 months old and Botox/facial fillers in the past 2-4 weeks. Treatment is not recommended for patients who are pregnant or nursing.

Precautions: Keloid or raised scarring, eczema, psoriasis, actinic keratosis and herpes simplex affecting treatment area.

Side Effects Typically Include (usually subsiding within 12-24 hours):

- Skin will likely be pink or red and may feel warm (like a mild sunburn), may feel tight and itchy.
- Minor flaking or dryness of the skin, with scab formation in rare cases.
- Crusting, discomfort, bruising or swelling may occur.
- Pinpoint bleeding.
- It is possible to have a cold sore flare, if you have a history of outbreaks.
- Freckles may lighten temporarily or permanently disappear in treated areas.
- Infection is rare, but please notify our office if you notice signs of tenderness or puss in treatment area.
- Hyperpigmentation (darkening of the skin) rarely occurs and usually resolves itself within a month.
- Permanent scarring is extremely rare (less than 1%).

Bio-Light Therapy

I consent to Bio-Light Therapy Treatments. There are no known side effect. It is a completely safe and painless technique. There is no risk of burning. There are no absolute contraindications to light therapy, but caution should be observed in some cases comprising of:

- Eyes vulnerable to photo toxicity
- Tendency towards mania
- Photosensitive skin
- Use of photosensitizing medications/herbs

I have been informed about the treatment, procedure, indications, expected results, after-care instructions and possible side effects.

Although results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons. I am also aware of an accept the risk of any unforeseen complications that may not have been explicitly discussed resulting from this treatment.

I acknowledge my obligation to follow the instructions closely and to visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the Acupuncturist and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability Acupuncture Center of La Jolla or any of its officers, directors and/or employees for any condition or result, known or unknown, that may arise from any treatment that I receive.

I Understand and Agree to the Terms and Understand This Contract to be Binding.

Signature: _____

Date: _____

Printed Name: _____