

## SKIN FIBROBLAST CONSENT FORM- Skin Apeel Day Spa- Boca Raton

Client Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

### INTRODUCTION

Skin Fibroblast a non-invasive/ non-surgical procedure with results comparable to traditional surgery. Before the treatment, topical anesthetic is applied, which ensures a procedure without minimum to moderate discomfort. This innovative technique does not damage behind surface layers, as its designed to damage the excess/ loose skin with the intention to return the surface skin to its original state after the regeneration phase. You may see a partial effect immediately after the treatment.

### ABOUT THE PROCEDURE

The treatment for tightening the skin with the fibroblasts uses a small electric arc that is transmitted through a small probe. The probe itself does not enter or invade the skin, nor does it touch the skin. The treated tissues “coagulate” and “sublimate” and prevent the propagation of unwanted heat to the surrounding areas. The principle is to ionize the gases in the air to create a small electric arc, similar to a small ray, with which the epidermal areas, can be treated without spreading unwanted heat to the surrounding areas. The arch causes superficial damage to the upper dermal layer of the skin and transmits heat to the lower levels of the skin. This causes the new skin to generate collagen and elastin fibers that disappears as we get older. First, topical anesthetic is applied, which minimizes pain and numbs the treated area. Topical anesthesia takes effect in 20 minutes after application. The procedure itself takes about 20 to 30 minutes depending on the area. The duration of treatment (with anesthesia wait time) is 60-90 minutes.

### RISKS

Although most clients do not experience any complications with fibroblast plasma, it is important that you understand that there are always risks. The treatment is safe, as it's a non-surgical procedure. It has a negligible amount of possible side effects and also, serious complications if aftercare is not followed. The procedure is based on the natural stimulation of the regeneration of the skin, unlike the case in the world of traditional surgery.

The treatment of repairing the skin with new fibroblasts takes about two months in time. It is important to follow your aftercare explicitly and according to your skin specialist recommendations. In the case the aftercare is revised, omitted or neglected, the treated area will more than likely suffer: inflammation, hyperpigmentation and possible scarring. None of which are necessary expectations.

### Associated Risks:

- Burns
- Hypo-pigmentation (whitening)
- Scabbing
- Bleeding
- Allergic reactions
- Infection

## **INFECTION**

Infection is unusual; however, viral, bacterial and fungal infections can occur at any time when the integrity of the skin is compromised. In case an infection occurs, you should contact us immediately and if that is not possible, seek medical attention, as additional treatment may be necessary to ensure your best healing outcome.

## **THE TREATMENT**

The treatment is considered to be a safe non- surgical procedure. It has a negligible amount of possible side effects and complications. The procedure is based on the natural stimulation of the regeneration of the skin, unlike in the world of traditional surgery.

The treatment of stretching the skin with fibroblasts takes about 2 months to see the full benefits. It is imperative to follow the subsequent care. In the case the client neglects the subsequent care instructions, the treated area may suffer inflammation, hyperpigmentation, and scarring.

With the help of the Fibroblast Skin Tightening device, it is possible to treat various skin problems. In the case of acne, this treatment may help or correct scarring/marks. In the case of mature skin, this treatment may help achieve the “lifting effect” of loose skin. This treatment may also help lighten or lessen hyperpigmentation.

## **THE HEALING PROCESS**

There are three phases of skin healing:

Phase 1: Inflammatory response/ wound healing (5-7 days)

Phase 2: Regenerative phase or Fibro-blasting phase (5- 7 through 28 days).

Phase 3: New collagen production (after 28 days).

Some results of the treatment will be visible after 4 weeks when the skin enters the third phase of the healing. At this time, collagen and connective tissue growth are in place. Continued repair and restoration typically occurs within 6-8 weeks.

## **CONTRAINDICATIONS**

Although it is impossible to list all the potential risks and complications, the following are recognized as known contraindications for skin fibroblast treatment. In addition, it is your responsibility to fully and accurately disclose all medical history prior to initial treatment, and provide the necessary updates in all future treatment sessions.

We do not recommend the Fibroblast Treatment if any of the following apply to you:

- Darker skin tone (Fitzpatrick scale skin type 6)
- Prone to scarring/ keloids
- Pregnant or breast feeding
- Wearing a pacemaker
- Severe acne
- Prominent moles or birthmarks
- Dermatitis or eczema
- Open wounds
- Vitiligo
- Visible skin irritation

## CONTRAINDICATIONS (cont.)

- Severe unmanaged diabetes
- Allergies/sensitivities to any products used during treatment session
- Blood thinning medications
- Has taken acne medications within the past year
- Is currently a cancer patient receiving chemotherapy or radiation.
- Immune-deficient or auto-immune related disorders

## POST CARE

Aftercare is one of the most important parts of the treatment. A client MUST closely follow the instructions for essential aftercare to achieve the best results:

- Do not pick up the carbon crust; such will fall away naturally within a few days to a week.
- Starting with the first day, treat the area ONLY with Colloidal Silver antiseptic spray many times throughout the day.
- Do not get the treated area WET for the first 24-48 hours.
- On the second day and following daily until fully healed, continue with Colloidal Silver Spray followed by the recommended post care crème, and then always finish with Pure Protect Zinc SPF.
- Do not use any skin cleanser for 5-7 days.
- Do not workout or sweat for 72 hours.
- Avoid the sauna, swimming pool, tanning beds or any type of exposure to activities that present a risk of infection.
- Do not get ANY sun exposure for 2-3 weeks to avoid hyperpigmentation. Apply Pure Protect Zinc SPF liberally daily.
- Do not apply products that contain alcohol, exfoliants, acids, fragrance or active ingredients for 10-14 days.
- Do not cover with makeup or plastic or a mask for 7 days.

**I have read this consent form and fully understand the procedure, the risks, the contraindications and my responsibility to strictly follow the recommended post care. I assume liability for any relevant medical history withheld and for post care negligence. I am 21 years or older. I agree to treatment with full consent. I have received a copy of this consent form for my continued home care guidance.**

\_\_\_\_\_  
Client Full Name Printed

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Skin Fibroblast Certified Specialist

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Today's Date

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Procedure Date

## Confidential Medical Profile

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME/CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**To avoid unforeseen complications, please answer Y (yes) or N (no) to the following questions:**

- \_\_\_ Do you have previous **Permanent Make Up**? If yes when? \_\_\_\_\_
- \_\_\_ Are you over the age of 18? Legal guardian's initials \_\_\_\_\_
- \_\_\_ Have you had **Botox** or injectables? If yes when? \_\_\_\_\_
- \_\_\_ Have you had Aspirin or any blood thinning medications/supplements within the last 7 days?
- \_\_\_ Do you take Antidepressants or mood altering medication?
- \_\_\_ Have you had chemical or laser peel? If so when? \_\_\_\_\_
- \_\_\_ Do you have any problems with healing?
- \_\_\_ Do you get fever blisters or cold sores?
- \_\_\_ Are you currently undergoing radiation or chemotherapy?
- \_\_\_ Are you currently using Retin-A or Alpha Hydroxyl skin care products?
- \_\_\_ Do you wear contact lenses?
- \_\_\_ Have you had caffeine products in the last 24 hours?
- \_\_\_ Are you taking any medication, including immunosuppressive, such as anti-inflammatory or steroids?
- \_\_\_ Are you allergic to topical antibiotic preparation? e.g. Polysporin, Bacitracin, Neosporin, or Caine family of drugs or Petroleum based products (Vaseline)?
- \_\_\_ Is there any history of skin diseases or remarkable skin sensitivities?
- \_\_\_ Are you pregnant or nursing?
- \_\_\_ Are you presently taking Vitamins A, E or fish oil in any form?
- \_\_\_ Are you required to take antibiotics during dental or invasive medical procedures?
- \_\_\_ Do you have any heart conditions?
- \_\_\_ Do you have Alopecia?
- \_\_\_ Are you currently on Accutane Treatment?
- \_\_\_ Do you have Keloid or Hypertrophy Scars?
- \_\_\_ Do you have Hepatitis?
- \_\_\_ Do you have Diabetes?
- \_\_\_ Any tendency to bleed excessively from minor cuts?
- \_\_\_ Do you have Epilepsy/ Seizures of any kind?
- \_\_\_ Do you have any Autoimmune Disorders?
- \_\_\_ Do you currently or have you had Cancer? If yes please explain \_\_\_\_\_
- \_\_\_ Do you have HIV?

Please list any other medical conditions, and list all \_\_\_\_\_

Doctor's Name and Number \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_