



Kimberly Cockerham, MD, FACS
Oculofacial Plastic Surgery
Eyelid & Orbital Oncology
Thyroid Eye Disease
Neuro-Ophthalmology

Informed Consent for Microneedling

Patient Name: _____ DOB: _____

Location of Treatment: _____

Description of the Procedure:

Microneedling treatment induces new formation of collagen.

_____ I understand that results will vary among individuals.

_____ Multiple sessions will be required to achieve my desired goals.

_____ The goal of the procedure is to minimize fine lines and scars.

_____ The procedure and side effects have been explained to me.

The microneedling procedure is normally completed in less than 30 minutes, depending on the required treatment and anatomical site. It is important to avoid sun exposure and to wear sunblock (SPF 50) daily. Failure to protect your treated skin from the sun will result in hyperpigmentation and mottling (post-inflammatory hyperpigmentation (PIH) that may be permanent. Valtrex is recommended to prevent herpetic blisters that can result in scarring.

Expected Side Effects:

After the procedure, the skin will be red and flushed like a moderate sunburn. Bruising and/or scabbing may occur with the microneedling treatment.

Possible Long-term Complications:

_____ scarring

_____ hyperpigmentation

_____ hypopigmentation

Contraindications:

- A history of keloid scars, Scleroderma
- Autoimmune diseases, such as collagen vascular diseases
- Hemorrhagic disorder
- Active bacterial or fungal infection

_____ I understand the risks and benefits of microneedling and desire to proceed with the procedure.

_____ All of my questions have been answered.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____