

SkinPen Patient Consent Form

SkinPen Patient Consent Form

(Aesthetics)

Date:

Patient Information

- **Patient Name:** {{patient_first_name}} {{patient_last_name}}
- **Date of Birth:** {{patient_birthdate}}

Treatment Information

I understand that I will be receiving SkinPen microneedling treatment, which uses fine needles to create controlled micro-injuries to stimulate the body's natural wound healing process and collagen production.

Consent Statements

Please initial each statement:

1. I understand the nature of SkinPen microneedling treatment.
2. I understand the potential risks and benefits.
3. I have been informed of alternative treatments.
4. I understand that results are not guaranteed.
5. I will follow all post-treatment instructions.

Signatures

Patient Signature: _____ Date:

Provider Signature: Date:

Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co.,
Primary Medical of IN, P.C.

Form Complete



Signature Certificate

SkinPen Patient Consent Form

Unique Document ID:

b91029134441525e3fc1881cbb0041f9f235aa34

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp

December 31, 1969 7:00 pm
UTC

Audit

Document
Uploaded by ENNU - ennu-appointments@ennu.co
IP:



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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