

Patient Consent Form

REJUVAPEN SHOULD NOT BE USED BY PATIENTS UNTIL THERE HAS BEEN A COMPLETE DISCUSSION OF THE RISKS AND WRITTEN INFORMED CONSENT HAS BEEN OBTAINED.

PATIENT CONSENT

My _____ treatment with the REJUVAPEN has been personally described to me by _____.

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

1. I, _____, (patient's name) understand that REJUVAPEN will be used today to treat _____
_____. I have been examined by my physician and have been cleared for this procedure.
Initials: _____
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.
Initials: _____
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 may penetrate the skin there can be a risk of infection, if this occurs, a follow up appointment will be required for further treatment.
Initials: _____
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 skin infections*Initials:* _____

I now authorize _____ to begin my treatment with Rejuvapen

Patient/Caretaker _____

Address _____

Telephone _____

Patient

Date