

# Dermapen™ CLINICAL PATIENT PRE-TREATMENT FORM

Dermapen™ is a corrective treatment that creates rejuvenating micro-channels into the skin's matrix. Employing patented technology, Dermapen's™ oscillating action effortlessly glides over the skin to initiate and stimulate the body's own natural healing and regenerative response. It is possible to achieve striking results by delivering a versatile and customized treatment, which has been documented to improve the appearance of aging, wrinkles, uneven skin tone, uneven texture, stretch marks and scar tissue on face and body areas. Dermapen™ treatments are fast, effective, comfortable and offer results after just one treatment. Based on your areas of concern, your Dermapen™ practitioner may recommend a series of treatment for optimal results.

Your Dermapen™ clinical treatment only uses genuine Dermapen™ devices and is performed by a Dermapen™ qualified practitioner.

## CONTRAINDICATIONS:

Dermapen™ treatments are not suitable for patients experiencing active

- Papulopustular rosacea
- Acne vulgaris stage III-IV
- Herpes simplex
- Warts
- Scleroderma
- Bacterial/fungal infections
- Open lesions
- Solar keratosis
- Skin cancer
- Haemophilia
- Pregnancy

## PRECAUTIONS/CONSIDERATIONS:

Certain health conditions, medications, supplements and lifestyle factors may affect a Dermapen™ procedure. All patients are required to complete a Dermapen™ Consultation Form prior to any clinical treatment for assessment by a qualified Dermapen practitioner.

If you are prone to herpes simplex (cold sores), it is recommended to take or apply a targeted prophylaxis, such as acyclovir, to prevent a possible outbreak.

For tanned to dark complexions or skins prone to post-inflammatory hyperpigmentation, it is recommended to use a melanin inhibiting skin regime for at least 2 weeks prior to a Dermapen™ clinical treatment. Dermapen™ recommends the twice daily application of DP Dermaceuticals Brite Lite™.

## COMFORT:

Your Dermapen™ practitioner will take all steps to ensure total comfort for your Dermapen™ procedure. If at any point you feel discomfort, please inform your practitioner immediately. If you have any allergies or have had any past reaction to topical numbing cream or anaesthetic, please inform your **Dermapen™ practitioner prior to treatment.**

## HEALTH & SAFETY:

Your Dermapen™ treatment only uses sterile, single use consumables throughout the procedure, ensuring complete health and safety.

## TREATMENT DURATION:

Please allow 45-90 minutes for your Dermapen™ clinical treatment including preparation, numbing and post-care.

# Dermapen™ CLINICAL PATIENT POST-TREATMENT INFORMATION

During the skin healing process, minor itching, hives, flaking, or redness may appear. If symptoms persist, please call your Dermapen™ practitioner.

Do not pick, squeeze or agitate during the recovery period.

Please avoid the following activities for up to 2 days following a Dermapen™ clinical procedure:

- Direct ultra violet exposure (sun and solariums)
- Intensive cardio, exercise or gymnasium regimens
- Excessively hot showers, bathing, spas or sauna
- Further clinical treatments (including, but not limited to): microdermabrasion, laser, intense pulsed light, chemical peels, muscle relaxant injections and dermal fillers)
- Spray or self-tanning
- Swimming in chlorinated pools or the ocean
- Tattooing (including cosmetic tattooing)

Please avoid the use of skin care products containing any of the following active resurfacing ingredients for up to 5 days following a Dermapen™ clinical procedure:

- Alpha hydroxy acids (AHAs) (including but not limited to) glycolic, lactic or malic acid
- Beta hydroxy acid (BHA) including salicylic acid
- Benzoyl peroxide
- Retinoids (including but not limited to) tretinoin, retinol and retinaldehyde
- Hydroquinone
- High levels of Kojic or azelaic acid
- Alcohol (including but not limited to) isopropyl alcohol/de-natured alcohol/rubbing alcohol

Your DP Dermaceuticals regimen may be altered by your practitioner, according to your individual needs and skin conditions

## DERMAPEN™ POST-OPERATIVE HOMECARE

CLEANSE AM	CORRECT AM	CORRECT PM	CORRECT +	TREAT	CAMOUFLAGE
Micro Derm Exfoliant™ *Dilute with plenty of water	Antioxidant Cocktail™ Followed by an application of Vitamin Rich Repair™	Antioxidant Cocktail™ Followed by an application of Vitamin Rich Repair™	Antioxidant Cocktail™ Followed by an application of Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™ *This may be applied as often as required.	Cover Recover™ *This should be applied over the top of Vitamin Rich Repair™ for daytime sun protection and coverage.

Light, non-occlusive and non-comedogenic make-up may be applied 24 hours post-procedure. Dermapen™ recommends Cover Recover™ as a daily skin protectant and camouflage in one.

If in doubt with any of the above activities or products, please call your Dermapen™ practitioner for clarification to when normal activity or use may be resumed.

# Dermapen™ CLINICAL TREATMENT CONSULTATION & CONSENT FORM

DATE

DERMAPEN™ CLINIC

DERMAPEN™ PRACTITIONER

## PATIENT DETAILS

FULL NAME  DATE OF BIRTH

ADDRESS

TELEPHONE (M)  (H)  (W)

EMAIL ADDRESS

## EMERGENCY CONTACT DETAILS

FULL NAME

RELATIONSHIP

TELEPHONE (M)  (H)  (W)

EMAIL ADDRESS

WHAT ARE YOUR PRIMARY SKIN CONCERNS THAT YOU WISH TO BE TREATED WITH DERMAPEN™?

DO YOU HAVE ANY IMPORTANT PERSONAL ENGAGEMENTS IN THE NEXT WEEK?  Y  N

DO YOU HAVE ANY KNOWN ALLERGIES? (E.G. LATEX, METALS, SHELLFISH, NUTS, PENICILLIN, ANAESTHETIC AGENTS, P-AMINOBENZOIC ACID (PABA), SULPHONAMIDE ALLERGIES)

ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING ACTIVE SKIN CONDITIONS?

- Papulopustular rosacea
- Acne vulgaris stage III-IV
- Herpes simplex
- Dermatomyositis

- Warts
- Scleroderma
- Pemphigus/pemphigoid
- Bacterial/fungal Infections

- Open lesions
- Solar keratosis
- Skin cancer

**HAVE YOU EVER EXPERIENCED ANY ADVERSE REACTION TO ANY FORM OF ANAESTHETIC?**

**ARE YOU CURRENTLY UNDER MEDICAL SUPERVISION FOR ANY OF THE FOLLOWING?  Y  N**

- |   |   |  |   |
|---|---|--|---|
| <input type="radio"/> Cardiac conditions/arrhythmia | <input type="radio"/> Haemophilia             | <input type="radio"/> Cancer                             | <input type="radio"/> Pseudo cholinesterase deficiency          |
| <input type="radio"/> Auto-immune disorder          | <input type="radio"/> Hepatic disease         | <input type="radio"/> Human Immunodeficiency Virus (HIV) | <input type="radio"/> Congenial or idiopathic methemoglobinemia |
|   | <input type="radio"/> Diabetes (type I or II) |  |   |

**ARE YOU CURRENTLY PREGNANT OR BREASTFEEDING?  Y  N**

**ARE YOU CURRENTLY TAKING (OR HAVE TAKEN IN THE LAST 3 MONTHS) ANY OF THE FOLLOWING MEDICATIONS OR SUPPLEMENTS? (PLEASE TICK)**

- |   |  |
|---|--|
| <input type="radio"/> Isotretinoin (including but not limited to Roaccutane®/ Accutane®/Isotane®)       | <input type="radio"/> Photo-sensitisers (including but not limited to anti-depressants/anti-anxieties/antibiotics) |
| <input type="radio"/> Anti-coagulants/blood thinners (including but not limited to Warfarin or aspirin) | <input type="radio"/> Contraceptive pill   |
|   | <input type="radio"/> Fish oils/plant oils/omega 3s  |
|   | <input type="radio"/> ginseng/gingko biloba/St John's wort   |

**HAVE YOU HAD ANY OF THE FOLLOWING PROCEDURES IN THE LAST 2 WEEKS ON THE AREA TO BE TREATED WITH DERMAPEN? (PLEASE TICK)**

- |  |   |
|--|---|
| <input type="radio"/> Plastic/Cosmetic surgery   | <input type="radio"/> Laser/IPL rejuvenation/hair removal   |
| <input type="radio"/> Muscle relaxant/wrinkle reduction injections (including but not limited to Botox® or Dysport™ or Xeomin®)  | <input type="radio"/> Radio Frequency (RF) skin tightening  |
| <input type="radio"/> Dermal Fillers (including but not limited to Juvéderm®, Restylane®, Belotero®, Captique® Esthelis®, Radiesse®, Aquamid®, Sculptra® or Artefill®) | <input type="radio"/> Photo dynamic therapy (PDT)   |
| <input type="radio"/> Microdermabrasion  | <input type="radio"/> Dermabrasion  |
| <input type="radio"/> Chemical peel (including but not limited to glycolic acid, lactic acid, mandelic acid or salicylic acid)   | <input type="radio"/> Deep chemical peel  |
| <input type="radio"/> Derma blading/derma planing  | <input type="radio"/> Tattooing/cosmetic tattooing  |
|  | <input type="radio"/> Electrolysis/diathermy  |
|  | <input type="radio"/> Hair removal (including but not limited to waxing, sugaring, plucking, threading or depilatory cream) |
|  | <input type="radio"/> Spray/self-tanning  |

**HAVE YOU USED ANY PRODUCTS CONTAINING ANY OF THE FOLLOWING INGREDIENTS ON THE AREA TO BE TREATED WITH DERMAPEN™ IN THE LAST WEEK? (PLEASE TICK)**

- |   |  |
|---|--|
| <input type="radio"/> Alpha/beta hydroxy acids (including but not limited to glycolic acid, lactic acid or salicylic acid). | <input type="radio"/> Benzoyl peroxide/adapelene (Differin®) |
| <input type="radio"/> Retinoids (Vitamin A) (including but not limited to tretinoin, retinol or retinaldehyde)              | <input type="radio"/> Hydroquinone/kojic acid/azelaic acid   |

I, ..... have completed the Dermapen™ Clinical Treatment Consultation & Consent Form honestly and to the best of my knowledge. My Dermapen™ practitioner has provided me with a Dermapen™ Pre-Treatment Form and a Dermapen™ Post-Treatment Form and has thoroughly explained to me:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• What a Dermapen™ clinical treatment is</li> <li>• How a Dermapen™ clinical treatment works</li> <li>• Expected outcomes of my Dermapen™ clinical treatment</li> </ul> | <ul style="list-style-type: none"> <li>• Dermapen™ clinical treatment contraindications and considerations</li> <li>• Anaesthesia protocols</li> <li>• Post-op care</li> </ul> |
|--|--|

**I understand that a course of Dermapen™ clinical treatments will be required for optimum results.**

Patient signature.....

Dermapen™ practitioner signature.....

Patient name .....

Dermapen™ practitioner name .....

(Printed)

(Printed)

Date .....

Date .....