



NÜR

HI-TECH SKIN TRANSFORMATION

INFORMED CONSENT TO RECEIVE TREATMENT AND CARE

This is an informed consent document that has been prepared to help us inform you of the potential outcomes and risks of your treatment, the risks involved, and possible alternatives. Please be advised that our treatments are not surgical procedures. It is important that you read this information carefully and completely.

Please read each page and sign the consent for the treatments you are receiving, as proposed by your skincare specialist, acupuncturist, or licensed nurse practitioner.

I understand that my treatment may be modified to address:

- 1) Changes in my condition;
- 2) Changes in my desired results; or
- 3) Changes in the professional standards of care. I understand, and agree to adjustments in my treatment as needed to optimally address my well-being, my objectives, and to take advantage of the full range of care options for me.

Hi-tech Face/Body Treatments

At NÜR, our skincare treatments are based on stimulating the skin to regenerate new cell growth. Many of the treatments involve various modes of technology and different methods, and we customize such treatments for best possible results. At times we will use peels and various mechanical modes of exfoliation and serum infusion and/or hyperbaric oxygen and LED light therapy depending on the condition and desired results.

Acupuncture

An acupuncture facial treatment involves the insertion of acupuncture needles into the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of the vital-energy flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." A facial acupuncture involves the patient in an organic, gradual process that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift". A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

Microneedling

The microneedling treatment involves inducing “micro-trauma” to the skin (typically face and neck) by creating tiny puncture wounds with a pen that contains a needle head with 9-12 tiny needles, using an oscillating stamping technique. The pen glides across the areas in order to create microwounds, which the brain perceives as sites that need healing, and continues to push collagen, elastin, and other proteins in those sites in order to heal those wounds. The proteins continue to regenerate skin cells for up to one month following the treatment.

This treatment involves the use of a topical anesthetic, 5% lidocaine cream in order to numb the site locally. The effect of the anesthetic generally lasts about 2 hours. Please let your practitioner know if you are allergic to lidocaine or have any conditions which would prohibit the use of the anesthesia.

POTENTIAL BENEFITS

Our treatments are designed to create permanent structural changes to skin and are known to increase facial tone, optimize tone and texture, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles might disappear, and deeper ones be reduced. Some treatments are not merely confined to the face and incorporate the entire body and constitutional issues of health. However, I understand that as with all treatments, our protocols involve a gradual, healthful process that is customized for each individual, and that results may vary. A maintenance program is recommended to maintain results once attained.

ALTERNATIVE TREATMENT

I understand that other alternatives exist for cosmetic care, including, but not limited to, surgery, such as a surgical facelift, chemical face peels, liposuction, and/or botox and fillers. I realize that there are also risks and potential complications associated with these alternative forms of treatment.

GENERAL RISKS

Every procedure involves a certain amount of risk and it is important that you understand the risks involved with our treatments. An individual’s choice to undergo an invasive and non-invasive treatments is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss these with your practitioner to see if you are at risk.

TEMPORARY HYPER SENSITIVITY OF THE SKIN

This can be a common symptom after a peel and we advise to treat the skin with gentle care post-treatment, and to avoid excessive sun exposure and anything that would exacerbate sensitivity. Please read our post-care instructions for more details.

BLEEDING AND BRUISING

If there are any needles used in your treatment, some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or a hematoma may appear. With bruising, it is important that you wear sunscreen when going outside. Topical and internal remedies will be discussed to address bruising. If swelling persists, you should call your provider immediately.

ALLERGIC REACTIONS

In rare cases, local allergies to topical preparations have been reported. Allergic reactions may require additional treatment or discontinuation of treatment.

DELAYED HEALING

Delayed healing is a rare complication. Smoking and certain health conditions such as diabetes and chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks.

SCARRING

Unlikely but it is always a possible complication of any procedure done to the skin, particularly if it becomes infected.

POST OPERATIVE HERPES SIMPLEX (Cold Sore)

A possibility particularly in patients who are prone to herpes. The procedure will not be performed if you are prodromal (expecting a cold sore). If you have an outbreak, you will need to seek medical treatment as soon as possible. You may use herpes prophylaxis before and after the procedure as prescribed by your physician, who you must consult beforehand if you have any concerns.

LONG-TERM EFFECTS

While we strive to create permanent structural changes to the skin to optimize skin health, individual results will vary due to the normal process of aging, weight loss or gain, sun exposure, stress, illness, or other circumstances not related to such treatment. It has been explained that following lifestyle and dietary instructions may enhance the longevity of the results, while non-compliance will adversely affect the longevity of the results. Additional, future treatments may be necessary to maintain the results.

UNFORESEEABLE IMPACTS AND CONDITIONS

There are many variable conditions, in addition to the risks and potential complications enumerated, that may influence the long-term result of our treatments. Should these or other complications occur, other treatments might be necessary. I understand that there are several

styles or methods for the various treatments we offer and unforeseen conditions may necessitate different procedures than those listed above.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your practitioner may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of skincare, medical aesthetics, or acupuncture. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

AGREEMENT AND CONTINUOUS EFFECT

I have read, or have had read to me, the **informed consent addendum** (full document here: <https://www.nurskincare.com/informed-consent>) to receive treatment and care.

I understand:

- a) The risks involved with facial / body/ cosmetic acupuncture or microneedling treatments
- b) That I have alternatives available to me for cosmetic improvements; and
- c) What protocols will be used in connection with treatment.

I have also had an opportunity to ask questions regarding the specific treatment, and am satisfied that all my questions have been answered. I acknowledge that no guarantee has been given to me by anyone as to the results that may be obtained. I authorize the release of medical information, when required. Finally, by signing below I acknowledge that I have been fully informed about, and agree to said treatments. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment. I consent to the use of my photographs or videos for teaching or professional purposes. These may include the internet for social media use and professional papers. I understand that my name identity will be kept private if requested.

I hereby consent to and authorize my assigned technician at NŪR Skincare to perform any procedure that I have agreed to. I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I have read and understand the post-treatment home care instructions. I understand how important it is to

follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the technician immediately. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the technician, NÜR Skincare or any entities associated with NÜR Skincare responsible for any of my conditions that result from the treatment I am receiving today or in the future.

Client Name (printed) _____

Client Name (signature) _____

Date _____