



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369

Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

Microneedling Pen Informed Consent and Authorization

Client Name: _____

Purpose / Indication

I understand that I am requesting cosmetic microneedling performed with a sterile, single-use microneedling pen. Microneedling is intended to improve the appearance of fine lines, wrinkles, acne scars, surgical scars, enlarged pores, pigmentation, skin texture, and overall skin rejuvenation. Treatment involves creating controlled micro-channels in the skin to support the skin's natural repair and remodeling response.

Acknowledgment and Authorization

I authorize Beautox Bar LLC and/or Beautox Bar WBL LLC, and their licensed medical providers and authorized clinic team members, to perform microneedling pen treatment after evaluating my medical history and determining that treatment is appropriate for me. I understand this treatment is elective and cosmetic. I understand that no guarantee of results has been made, and that individual response varies.

Expected Results

Results vary from person to person based on factors such as skin type, treatment area, medical history, lifestyle, and adherence to pre- and post-care instructions. Optimal improvement typically requires a series of about 3 to 6 treatments spaced approximately 4 to 6 weeks apart. Maintenance treatments may be recommended. Temporary redness and mild swelling are expected after treatment; visible improvement may develop gradually over the following weeks as the skin heals and remodels.

Risks and Possible Side Effects

Every procedure involves risk. An individual's choice to undergo this procedure is based on comparing the risks to the potential benefit. Possible side effects and risks of microneedling pen treatment include, but are not limited to:

- Temporary redness, swelling, pinpoint bleeding, tenderness, dryness, peeling, or itching
- Bruising
- Acne flare or milia
- Recurrence of herpes simplex (cold sores)



- Infection
- Allergic reaction (including to products applied before, during, or after treatment)
- Pigment changes (darkening or lightening of the skin), which may be temporary or, rarely, longer-lasting
- Delayed healing
- Scarring (uncommon when post-care instructions are followed)
- Unsatisfactory cosmetic result, little or no improvement, or need for additional treatments

Contraindications and Pre-Treatment Disclosures

I represent that I have disclosed, or will disclose before treatment, any medical conditions, medications, or circumstances that may affect healing or the safety of microneedling, including but not limited to:

- Pregnancy or nursing / breastfeeding
- History of keloid or hypertrophic scarring
- Autoimmune disease or conditions affecting healing
- Bleeding disorders or use of medications/supplements that significantly increase bleeding risk (as discussed with the provider)
- Isotretinoin (e.g., Accutane®) use within the past 6 months
- Active infection in or near the treatment area
- Active acne outbreaks in the treatment area
- Active cold sores / herpes simplex outbreak
- Recent sunburn or significant recent sun exposure to the treatment area
- Recent cosmetic procedures in the treatment area that have not been cleared by the provider
- Other medical conditions, allergies, or medications that may affect healing or treatment safety

I understand that if any of the above apply, treatment may be postponed, modified, or declined for my safety. I agree to update Beautox Bar if my medical history changes.

Pre- and Post-Care Instructions

I agree to follow all written and verbal pre- and post-care instructions provided by Beautox Bar, including but not limited to:

- Use sun protection and avoid intentional tanning of treated skin as directed
- Do not pick, scratch, or aggressively exfoliate treated skin
- Avoid harsh skincare products, retinoids, acids, and other products until instructed that it is safe to resume them



- Keep the treated area clean and follow any product or dressing recommendations given by the clinic team
- Promptly report unexpected reactions (such as increasing pain, spreading redness, pus, fever, significant swelling, or signs of infection) to Beautox Bar LLC / Beautox Bar WBL LLC

Photography

I consent to clinical photographs being taken before, during, and/or after treatment for my medical record and treatment documentation.

Separately, I choose to allow Beautox Bar to use my photographs for marketing, education, or promotional purposes (website, social media, print, or similar). Clinical documentation photos may still be taken even if I decline marketing use. Please initial one option:

I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beautox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beautox Bar LLC, Beautox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about microneedling pen treatment, alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Informed Consent Confirmation



I have had the opportunity to ask questions about microneedling pen treatment; my questions have been answered satisfactorily. I understand the nature of the procedure, its potential benefits, alternatives (including no treatment), material risks, and expected recovery. My consent is given voluntarily.

Client Acknowledgements

By signing this consent, I state and confirm that:

- I have read and understand this consent form (or had it read to me).
- I understand that cosmetic results are not guaranteed.
- I have disclosed all relevant medical history, medications, and conditions that may affect treatment or healing.
- I consent voluntarily to microneedling pen treatment by Beautox Bar LLC and/or Beautox Bar WBL LLC and authorized providers and clinic team members.

Acknowledgment and Consent

I consent to treatment with the microneedling pen as described in this form. I have read the information above (or had it read to me) and am satisfied with the informed consent process. I hereby give consent to Beautox Bar LLC and/or Beautox Bar WBL LLC, and to authorized providers and clinic team members, to perform this and subsequent microneedling pen treatments under this consent unless I revoke it. I understand I may ask questions at any time and may withdraw consent for future treatments.

Client Name (print): _____

Client Signature:

Date: _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature:

Date: _____

This consent applies to services provided by Beautox Bar LLC (Maple Grove) and Beautox Bar WBL LLC (White Bear Lake).