



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

PRF Therapy, Microneedling & EZ Gel Informed Consent (Blood Draw Authorization)

Client Name: _____

Purpose / Indication

I understand that I am requesting autologous Platelet-Rich Fibrin (PRF) therapy and/or related treatments at Beautox Bar LLC and/or Beautox Bar WBL LLC. PRF is prepared from a small sample of my own blood. After venipuncture, the blood is processed in a centrifuge (such as a BIO-PRF® system or similar clinic protocol) to concentrate platelets, fibrin, and growth-factor-rich components. Those components may then be applied or placed to support collagen remodeling, skin quality, facial rejuvenation, volume-adjacent soft-tissue support, scar appearance, and/or as an adjunct to wound healing and regenerative aesthetic goals, as discussed with my provider.

EZ Gel is a gel prepared from my own blood-derived PRF/plasma components (typically by processing autologous blood products into a gel consistency per clinic protocol). EZ Gel may be injected as a biostimulatory / soft-tissue support injectable for volume and rejuvenation goals where clinically appropriate. EZ Gel and PRF preparations use my own tissue; they are not the same as hyaluronic acid fillers or neuromodulators. No guarantee of any particular FDA-cleared indication for a specific cosmetic outcome is made by this form beyond what my provider discusses with me.

Blood Draw Authorization

I consent to venipuncture (blood draw) of approximately 20–60 cc of my own blood for PRF and/or EZ Gel processing. This amount is substantially smaller than a typical blood donation (often about 300 cc or more). I understand that risks of blood draw include pain, bruising, bleeding, lightheadedness, fainting, hematoma, infection at the puncture site, and, rarely, nerve irritation. I agree to inform staff if I have a history of fainting with needles, bleeding disorders, difficult veins, or blood-borne infection concerns relevant to safe phlebotomy.

Procedure Explanation

A typical visit may include: (1) review of medical history and treatment plan; (2) cleansing of the draw and treatment areas; (3) topical anesthetic when indicated; (4) blood draw; (5) centrifugation / processing to collect PRF and, when planned, preparation of EZ Gel; (6) microneedling of PRF into the skin and/or injection of PRF and/or EZ Gel into planned areas using sterile technique. Session time is commonly about 30–60 minutes, depending on areas treated and whether microneedling, injections, or both are performed.



After treatment, the skin may look pink or red (similar to a mild sunburn) for several hours. Bruising or pinpoint bleeding can occur and may last about 12–48 hours (sometimes longer). Treated areas may feel tighter or warmer as they settle. I agree to follow all written and verbal aftercare instructions.

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 PRF therapy, microneedling with PRF, EZ Gel injection, and/or blood draw procedures after evaluating my medical history and determining that treatment is appropriate for me. I understand these treatments are elective and cosmetic/regenerative in nature. I understand that no guarantee of results has been made, and that individual response varies. I understand I may discontinue treatment at any time.

Expected Results and Treatment Series

Results vary based on medical history, skin type, treatment area, lifestyle (including smoking), compliance with pre- and post-care, and individual biology. A series of treatments is often recommended — commonly about 2–3 treatments — with maintenance approximately yearly or as touch-ups when advised. Visible improvement, when it occurs, is typically gradual. Duration of effect often lasts up to about 4–6 months but varies widely by person and treatment plan. No guarantee can be given as to the final result obtained.

Potential Benefits

Potential benefits discussed with me may include use of my own tissue (autologous material), which generally carries a low risk of allergic reaction to the blood-derived product itself; support for skin texture and fine lines; collagen and elastin remodeling over time; soft-tissue / volume-adjacent support with PRF or EZ Gel when injected; improvement in the appearance of certain scars; and relatively limited downtime compared with more invasive procedures. Benefits are not guaranteed.

Risks and Possible Side Effects

Every procedure involves risk. An individual's choice to undergo treatment is based on comparing the risks to the potential benefit. Possible side effects and risks of blood draw, PRF therapy, microneedling with PRF, and/or EZ Gel injections include, but are not limited to:

- Swelling, redness, warmth, tightness, or tenderness in treated areas
- Pain or discomfort during or after treatment (including at the blood-draw site)
- Itching, dryness, flaking, or peeling as the skin heals
- Bruising or bleeding (risk may be higher if I take aspirin, NSAIDs, anticoagulants, or certain supplements — I will disclose these)
- Pinpoint bleeding, needle marks, or temporary scabbing (scabs are uncommon but possible)
- Temporary lumps, firmness, or uneven texture at injection sites that usually settle with time
- Infection (uncommon when sterile technique and aftercare are followed)
- Allergic or sensitivity reaction (including to topical anesthetics, latex, skin products, or other materials used)



- Pigment changes (darkening or lightening), which may be temporary or, rarely, longer-lasting
- Scarring or delayed healing (uncommon)
- Reactivation of cold sores / herpes simplex if I have a history of outbreaks near the treatment area
- Lightheadedness or fainting related to blood draw or anxiety
- Unsatisfactory cosmetic result, little or no improvement, need for additional treatments, or results that do not meet my expectations
- Rare complications related to injection (including vascular or other serious events) — I will promptly report severe pain, blanching, vision changes, or other urgent concerns

I understand there is no guarantee of outcome. Sun exposure, UV, extreme cold, and failure to follow aftercare can affect healing and results. I agree to 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.

Realistic Expectations

I understand that cosmetic and regenerative treatments cannot create perfection, stop aging, or guarantee a specific appearance. Emotional well-being and realistic goals matter. If I have significant body-image distress or expectations that treatment alone cannot meet, I will discuss this with my provider. Elective treatment is not a substitute for mental health care when needed.

Contraindications, Pregnancy Attestation, and Disclosures

I represent that I have disclosed, or will disclose before treatment, all medical conditions, medications (including prescriptions, over-the-counter drugs, and herbals/supplements), and allergies (including latex and topical anesthetics) that may affect the safety of blood draw, microneedling, PRF, or EZ Gel treatment. This includes, but is not limited to:

- Pregnancy, trying to conceive, or nursing / breastfeeding / lactating (see attestation below)
- Blood disorders, platelet dysfunction, anemia, or inability to tolerate a blood draw
- Bleeding disorders or use of anticoagulants / antiplatelets / supplements that increase bleeding or bruising risk
- Active infection, open wounds, rash, or inflammatory skin condition at the draw or treatment site
- Active cold sores / herpes simplex outbreak (or history requiring prophylaxis, as discussed)
- History of keloid or hypertrophic scarring, poor wound healing, or autoimmune / healing-impairing conditions
- Isotretinoin (e.g., Accutane®) use within the timeframe advised by the clinic / provider
- Recent cosmetic procedures in the treatment area that have not been cleared by the provider
- Prior adverse reaction to PRP/PRF, microneedling, EZ Gel, or topical anesthetics
- Other allergies or medical conditions that may affect treatment safety

Pregnancy / nursing attestation: I confirm that I am not pregnant, not currently trying to become pregnant, and not lactating / breastfeeding. I agree to notify Beautox Bar immediately if this changes before any treatment under this consent.



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 LLC / Beautox Bar WBL LLC if my medical history, medications, or allergies change during a treatment series.

Sun Exposure and Tanning

I agree to avoid intentional tanning (including tanning beds) and significant unprotected sun exposure to the planned treatment area for approximately 1 week before and 1 week after treatment, or as otherwise directed. I will inform staff of any recent sunburn or significant sun exposure before treatment. I will use sun protection as instructed after treatment.

Smoking and Healing

I understand that smoking and nicotine use can increase the risk of complications and may impair healing and results. I have discussed my smoking / nicotine status with the clinic team as applicable.

Alternatives

I understand that no treatment is required. Alternatives may include, depending on my goals: no treatment; topical skincare; neuromodulators; dermal fillers; lasers or light-based devices; energy-based remodeling treatments; chemical peels; surgical options; or other therapies discussed with my provider. I have had the opportunity to ask about alternatives.

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:

- Follow guidance regarding aspirin, NSAIDs, alcohol, and supplements that may increase bruising, as directed before treatment
- Use sun protection and avoid intentional tanning of treated skin as directed
- Do not pick, scratch, or aggressively exfoliate treated skin or scabs
- 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 recommendations given by the clinic team
- Follow guidance regarding makeup, exercise, heat (saunas/hot yoga), swimming, and cold exposure after treatment
- Promptly report unexpected reactions to Beautox Bar LLC / Beautox Bar WBL LLC

Clinical Photography

I understand that clinical photographs and/or videos will be taken for my medical record to document the treatment area and monitor my progress. These records are part of my confidential medical file and will not be released without my express written consent, except as required by law.



I further authorize Beautox Bar and its representatives to use these photographs and/or videos (which will not identify me by name) for educational, marketing, and promotional purposes, including but not limited to the clinic's website, social media, and printed materials. I understand I will not receive compensation for the use of these images.

Financial Responsibility

I understand that I am responsible for fees for today's PRF, microneedling with PRF, EZ Gel, and/or related services at the time of treatment, in accordance with Beautox Bar policies as explained to me. Fees quoted are for today's planned treatment; additional products or procedures, if elected later, are billed at then-current rates. 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 blood draw, PRF therapy, microneedling with PRF, and/or EZ Gel 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 blood draw, PRF therapy, microneedling with PRF, and/or EZ Gel 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 blood draw, PRF therapy, microneedling with PRF, and/or EZ Gel injections; my questions have been answered satisfactorily. I understand the nature and purpose of the procedure(s), expected outcomes, possible complications, potential benefits, alternatives (including no treatment), material risks, and expected recovery. I am fully aware that my concerns are of cosmetic / elective nature and that the decision to proceed is based on my expressed desire to do so. 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 results are not guaranteed.
- I have disclosed all relevant medical history, medications, and allergies (including latex and topical anesthetics) that may affect treatment or healing.
- I consent to the blood draw and to PRF, microneedling with PRF, and/or EZ Gel treatments described in this form.
- I consent voluntarily to treatment by Beautox Bar LLC and/or Beautox Bar WBL LLC and authorized providers and clinic team members.

Acknowledgment and Consent

I consent to blood draw and to PRF therapy, microneedling with PRF, and/or EZ Gel injections 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 related 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). BIO-PRF® and other product names are trademarks of their respective owners and are used here for product identification only.