



Pacific Clinic

Potenza RadioFrequency Microneedling/Hemostasis and Electrocoagulation

Consent Form

Purpose of the Procedure:

- ❖ Potenza™ RF Microneedling is a minimally invasive treatment that combines microneedling with radiofrequency (RF) energy.
- ❖ The procedure stimulates collagen and elastin production to improve skin texture, firmness, fine lines, acne scars, and overall tone.

Description of the Procedure:

- ❖ The application will involve applying low level heat to the tissue using radiofrequency for therapeutic purposes.
- ❖ The Potenza device uses fine needles to create micro-injuries in the skin while simultaneously delivering RF energy into the deeper layers.
- ❖ Numbing cream or local anesthesia is applied before treatment to minimize discomfort.
- ❖ The procedure typically takes 30–60 minutes, depending on the treatment area.
- ❖ Multiple sessions (typically 3–4, spaced 4–6 weeks apart) may be required for optimal results.

During Procedure:

- ❖ All jewelry and lotions should be removed from the treatment area prior to treatment.
- ❖ Slight discomfort may be experienced while undergoing treatment. Typically, the discomfort is mild and temporary during the procedure and localized within the treatment area.
- ❖ During the treatment, you should provide ongoing feedback to the individual performing the treatment. Additionally, if you have nerve insensitivity to heat anywhere in the treatment area, you should not be treated.



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- ❖ Inadequate or impaired feedback may lead to burns or injury. Ongoing feedback should be provided by the client to the individual performing the treatment to avoid excessive discomfort.

Potential Benefits:

- ❖ Smoother, firmer, and more youthful-looking skin
- ❖ Reduction in fine lines, wrinkles, and acne scars
- ❖ Improved skin texture, tone, and pore size
- ❖ Enhanced collagen and elastin production
- ❖ Minimal downtime compared to traditional resurfacing treatments

Potential Risks and Side Effects:

Common:

- Temporary redness, swelling, or bruising
- Mild bleeding or pinpoint scabbing
- Dryness or flaking as the skin heals
- Itching or tingling

Rare:

- Pigment changes (hyperpigmentation or hypopigmentation)
- Infection or acne flare-up

Very Rare:

- Scarring
- Lack of improvement or recurrence of skin concerns

Contraindications:

- ❖ Are pregnant or breastfeeding
- ❖ Have active acne, eczema, psoriasis, or open wounds in the treatment area
- ❖ Have a history of keloid or hypertrophic scarring
- ❖ Have an active infection (viral, bacterial, or fungal)



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- ❖ Have used isotretinoin (Accutane) in the past 6 months
- ❖ Have implanted electronic devices (e.g., pacemaker, defibrillator)
- ❖ Have metal implants in the treatment area
- ❖ Are undergoing radiation therapy or chemotherapy

Alternatives:

- ❖ Traditional microneedling without RF
- ❖ Laser resurfacing or chemical peels
- ❖ Injectable treatments or topical skincare regimens
- ❖ No treatment

Aftercare Instructions:

I understand that following post-treatment instructions is essential for proper healing and results, including:

- Avoid sun exposure and use broad-spectrum sunscreen daily.
- Do not apply makeup for 24–48 hours post-treatment.
- Avoid hot tubs, saunas, or strenuous exercise for 24–48 hours.
- Use gentle cleansers and moisturizers as recommended by the provider.
- Do not pick or scratch the treated area.

Patient Acknowledgement:

- ❖ As a patient, it is important for you to understand the expected results and risks of radiofrequency microneedling treatment with the Potenza Microneedling System.
- ❖ Please read this document carefully. Before signing this document, please ask your physician, or the consultant providing the RF treatment, about any aspect of this document or the procedure that you do not understand.



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- ❖ Potenza System equipment may present a hazard to clients with implantable devices.
- ❖ If signs of infection such as pain, heat, blisters or surrounding redness develop following application, call the provider's office immediately.
- ❖ Potenza treatments have not been studied for use on pregnant patients, patients with autoimmune disease, diabetes or herpes simplex.
- ❖ All patients are different and exact results of this cosmetic procedure and treatments cannot be predicted or guaranteed.
- ❖ The results of performing RF tissue-heating treatments in combination with other treatments is unstudied and unknown.
- ❖ It has been explained to me that this is a cosmetic procedure and not covered by insurance.
- ❖ It has been explained to me that more than one treatment may be recommended to achieve the best results.
- ❖ As mentioned before, there is no guarantee of results and no refund of payments for the procedure will be made.

Patient Consent:

- ❖ My signature below signifies that all of my questions have been answered by the physician or consultant.
- ❖ I understand the risks, complications, expected results, and expense of the treatments.
- ❖ I have read and understand this document and give my consent to receive treatment with the Potenza System.

Patient Name:



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Signature:

Date:
