



# Arizona Natural Medicine Physicians, PLLC

Dbba Arizona Natural Medicine ®

*We Listen. We Care. We Change Lives.* ™

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## INFORMED CONSENT FOR FACIAL ACUPUNCTURE TREATMENT(S)

### 1. Instructions

This is an informed consent document (“Informed Consent”) that has been prepared to help your acupuncturist or physician inform you concerning facial acupuncture treatments, the risks involved, and alternative treatment(s). Please be advised that facial acupuncture treatment(s) are not a surgical procedure.

It is important that you read this Informed Consent carefully and completely. Please initial each page, indicating that you have read and understood the page and then sign the Informed Consent to signify your consent for facial acupuncture treatments, as summarized in this Informed Consent to be administered by your acupuncturist or physician.

### 2. Introduction

An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck, and may including cupping on the face, with the goal of ameliorating the visible signs of aging. In addition, body points are used to further enhance the treatment. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment intends to address the entire body constitutionally, and is not merely “cosmetic”.

A facial acupuncture treatment 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”. An acupuncture facial treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other acupuncture procedures, including body points as well as face and other Chinese medicine therapies or modalities.

### 3. Potential Benefits

Facial acupuncture is intended to increase facial tone, 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. It has been observed that a result of



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facial acupuncture has been to reduce or, in some cases, eliminate certain facial wrinkles. While no assurance can be provided that facial acupuncture will have positive results, it has been observed that facial acupuncture has reduced or, in some cases, eliminated certain facial wrinkles.

As this treatment is not merely confined to the face, but incorporates the entire body, constitutional issues of health, including those that may contribute to premature aging of the face, are addressed, e.g., headaches, sinus congestion, diarrhea/constipation, insomnia, dizziness, menopausal issues, as well as other symptoms, in addition to those referred to in the preceding paragraph.

#### 4. Alternative Treatment

Improvement of sagging facial skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical facial peels, or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

#### 5. Inherent Risks of Facial Acupuncture

Every procedure involves a certain amount of risk and it is important that you understand the risks involved with facial acupuncture. An individual's choice to undergo facial acupuncture 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 each of them with your acupuncturist or physician to make sure you understand the risk, potential complications, and consequences of acupuncture facial.

#### 6. Specific Risks of Facial Acupuncture

Bleeding. It is possible, though very unusual, that you may have problems with bleeding during a facial acupuncture. Should post-procedure bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or *hematoma*. The occurrence of this is not predictable.

Infection. Infection is possible, although very unusual after a facial acupuncture treatment. Should an infection occur, additional treatment, including antibiotics, could be necessary.



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**Scarring.** No scarring is to be expected from a facial acupuncture treatment.

**Damage to Deeper Structures.** Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.

**Asymmetry.** Because the human face is normally asymmetrical, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment. Further, factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Additional treatments may be necessary to diminish asymmetry.

**Bruising and Puffiness.** There is a possibility of bruising (hematomas), puffiness, blood tingling, itching, warmth, pain or other symptoms at the site of the needle.

**Nerve Injury.** Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. However, injury to the motor or sensory nerves may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

**Needle Shock.** Needle shock from facial acupuncture treatment is a rare event that occurs in about 5% of acupuncture patients. Needle shock is a reaction to the needling that is typically immediate and may include such symptoms as malaise, perspiration, nausea, fainting, or loss of consciousness in extreme situations. In the event this happens, the needles are immediately removed. Needle shock is a rare complication after a facial acupuncture treatment.

**Unsatisfactory Result.** Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained from facial acupuncture treatment(s). The face is asymmetrical and almost everyone has some degree of unevenness which may not be recognized in advance of a facial acupuncture treatment. One side of the face may be slightly larger, one side of the face droopier. Many of such issues cannot be fully corrected with facial acupuncture treatment(s). The more realistic your expectations as to results, the better your results will be in your eyes. Some patients never achieve their desired goals or results, at no fault of the



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acupuncturist or physician, or the facial acupuncture treatment(s). You may be disappointed with the results of the facial acupuncture treatment(s). It may be necessary to perform additional treatments to improve your results.

Allergic Reactions. In rare cases, local allergies to topical preparations have been reported. Systemic reactions, which are the most serious, may occur to herbs used during a facial acupuncture treatment. Allergic reactions may require additional treatment.

Delayed Healing. Delayed wound healing or wound disruptions are rarely experienced by patients in the aftermath of a facial acupuncture treatment. The needles are like fine hairs, and are not deeply inserted into the face. There is a greater risk of delayed wound healing or wound disruptions for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers. Patients taking steroids, such as prednisone, may also experience thinning of facial and body skin, in addition to, delayed wound healing.

Mental Health Disorders and Elective Treatments. It is important that all patients seeking to undergo elective treatments, including facial acupuncture treatment(s) have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional treatments and are often stressful. Please openly discuss with your acupuncturist or physician, prior to a facial acupuncture treatment, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective facial acupuncture treatment(s), effects on mental health cannot be accurately predicted.

Long Term Effects. Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to facial acupuncture treatment(s). A facial acupuncture treatment does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture treatment(s), or other treatments, may be necessary to maintain the results of facial acupuncture treatment(s).

### 7. Patient Compliance.



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Follow all instructions provided by your acupuncturist or physician carefully; this is essential for the success of your outcome. It is important that you participate in follow-up care, return for aftercare, if requested by your acupuncturist or physician.

#### 8. Health insurance

Most health insurance companies exclude coverage for facial acupuncture treatment(s) and/ or any complications that might occur from a facial acupuncture treatment. Please carefully review your health insurance subscriber information, and contact your health insurance agent or carrier to determine whether facial acupuncture is covered by your health insurance.

#### 9. Additional Care Necessary

There are many variable conditions in addition to risk and potential complications that may influence the long term result from facial acupuncture treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with facial acupuncture treatment(s). Other complications and risks can occur but are uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although positive results are expected, there is no guarantee or warranty, either expressed or implied, that positive results that may be obtained, or that complications will not occur.

#### 10. Financial Responsibilities

The cost of a facial acupuncture treatment is not covered on insurance and will not be submitted to your insurance company. Fees for facial acupuncture (and additional fees described below) are due in full at the time of service without any exceptions. In addition, additional fees maybe incurred with specific topical preparation, Chinese herbal prescriptions, vitamins, or other supplements specific for your treatment.

#### 11. Photographs



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Photographs may be taken to track your progress over the course of your treatment. Unless you consent in writing to our use and publication of these photographs, these photos will be kept in your chart and will remain confidential.

## 12. 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 principals 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 acupuncturist or physician 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 acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL OF YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE.

### **CONSENT FOR FACIAL**

### **ACUPUNCTURE TREATMENT**

1. I hereby state that I have read and understood each of the 12 paragraphs provided to me in the attached INFORMED CONSENT FOR FACIAL ACUPUNCTURE TREATMENT(S). I hereby authorize Dr. Kiera Lane, N.M.D., L.Ac. and/or Darin Zimmerman, L.Ac. and such assistants, all of whom are employed by Arizona Natural Medicine Physicians, PLLC, as may be selected to perform the facial acupuncture treatment.



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2. I recognize that during the course of the facial acupuncture treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist, physician, and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.

3. I understand what my physician and acupuncturist can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the treatment I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

4. Because facial acupuncture treatments are an organic, gradual process, I understand that they are not the same as a surgical face lift.

5. I also understand that there could be bruises (hematomas) puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle on the face or body, or after the facial acupuncture treatments.

6. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.

## **7. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:**

**a. THE ABOVE TREATMENT OR EXPOSURE TO BE UNDERTAKEN**

**b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT**

**c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED**



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I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-7). I AM SATISFIED WITH THE EXPLANATION.

I hereby authorize Arizona Natural Medicine Physicians, PLLC professionals (including the professional named above) and such assistants as may be selected to perform the following: a facial acupuncture treatment.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date:\_\_\_\_\_

Witness:\_\_\_\_\_

\_\_\_\_\_  
Initial here