



AmnioBeauty Skin & Scar Treatment

Overview:

AmnioWellness skin and scar hopes to help you mitigate scars and rejuvenate your complexion. Regardless of skin type or scar age there is hope for the skin you desire. Patients have reported and documented amazing results. The process is simple and can be completed in less than an hour. It is recommended that you take pictures prior and post treatment.

Please note AmnioWell does not assist with active hormonal breakouts. Hormonal issues must be resolved prior to using AmnioBeauty.

Pre Treatment:

- Please wear a large brimmed hat before and after treatment
- Do not go into the sun prior to treatment
- Please wash your face prior to treatment
- Do not apply any product to your face (no moisturizers, or makeup)
- Please do not take any anti-inflammatory or pain medications for one week before, or after AmnioBeauty Treatment
- Stay out of the sun and keep your face covered with a large brimmed hat



- Clean your phone and your sunglasses with an alcohol pad
- Do not wear sunglasses for 5 days
- Do not touch your phone to your face for at least 3 days
- Try to not drink alcohol for at least 3 days
- Do not smoke and avoid smoky environments for at least 3 days
- Do not wash your face until 24 hrs. after treatment
- After 24 hrs. gently wash your face and apply a light moisturizer
- Your face may scab and dry – this is a normal part of regeneration
- Do not pick or touch your face
- Do not wear any makeup for one-week post treatment (two weeks if you have sensitive skin)
- You may use a light and gentle tinted moisturizer if you choose
- Patients have reported their skin clearing and tightening up to a year post treatment



Additional information:

You may experience a more vibrant deeper sleep, improved daytime energy, and more rapid healing from training. Your face or hair may heal rapidly. Pay attention to you body and catalogue results for in writing or video about your journey.

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AmnioWell Beauty Patient Questionnaire

Date: _____
Name: _____
Address: _____
Phone Number: _____
Email Address: _____

1. What brings you in?



2. How would you rate your skin on a scale of 1-10, 10 being the best?

3. What areas of your skin would you most like to improve?

4. On a scale of 1-10, 10 being the best, what number would you be happy to rate your skin at?

5. When did your skin issues start?



6. How much time/money have you spent on your skin?

7. Have you seen the micro-needling procedure? If so, do you think it will be painful? Do you have any concerns?

8. How do you feel?

9. How does your skin feel?



10. Was the procedure painful?

11. How do you sleep?

12. How often do you get sick?

13. What would you rate your immune system?
