

Derma Channel Nano Infusion Pen Pro Training

Acknowledgement

Please read and initial where indicated to acknowledge understanding of the training requirements and best practices prior to using Derma Channel Nano Infusion Pen. "Business" refers to _____ (Business Name) and any treatment providers employed by the Business.

___ I understand that Derma Channel Nano Infusion Pen should only be performed by a licensed professional adhering to Le Mieux best practices and recommendations, including recommended Le Mieux products during treatment and post-care.

___ I acknowledge that treatment providers must attend live Derma Channel Nano Infusion Pen training with Le Mieux (via Zoom or otherwise) prior to using the tool. I understand that it is the responsibility of the Business to ensure that all treatment providers adhere to training and best practice requirements.

___ I acknowledge that the viewing of demonstration videos and printed protocols does not constitute live training.

___ I understand that although many clients experience no complications with Derma Channel Nano Infusion Pen, this is a professional-grade treatment and carries potential risks, including but not limited to over-exfoliation, striping, and reactivity.

___ I understand that it is at the discretion of the treatment provider to assess and determine any contraindications and individual eligibility for treatment.

___ I understand that Derma Channel Nano Infusion Pen should not be used on first-time clients.

___ I understand that Derma Channel Nano Infusion Pen should never cause discomfort, itching, burning, stinging, or excess erythema and heat during treatment.

___ I understand that a higher chance of over-exfoliation or striping may occur if best practices and Le Mieux recommendations are not followed explicitly.

___ I understand that treatment providers must complete Le Mieux "Client Intake Form" and "Derma Channel Nano Infusion Pen Client Acknowledgement and Consent" to confirm contraindications and treatment modifications prior to every service.

Business Name (Purchaser): _____

Purchaser Signature: _____

Date: _____