

Permanent Cosmetic Procedure Advised Consent Form

Date:
Name:
Address:
Email:
Date of Birth:
Mobile:
How did you hear about us:

Master Full Name:

Visit Price:

Visit Date:

Please Initial

I _____ hereby authorize the stylist to perform upon myself a permanent cosmetic/medical enhancement. If any unforeseen condition arises in the course of the procedure(s) I further request and authorize her to use her full judgment and do whatever he/ she deems advisable and necessary in the circumstances.

I _____ understand that permanent cosmetic/medical enhancement is an advanced form of tattooing.

I _____ accept responsibility for determining the color, shape and position of the enhancement as agreed during the course of my consultation.

I _____ am aware of that allergic response to pigment is rare and accept all responsibility if allergic response occurs.

I _____ am aware that a sensitivity reaction to anesthetics can occur and accept all responsibility if allergic response occurs.

I _____ fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over the course of 1-3 years. Even though the color has faded, the pigment will stay in the skin indefinitely and may leave a light residue of color.

I _____ accept that the highest standards of hygiene are met, and that sterile disposable needles are used for each individual client, procedure and visit.

I _____ understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed. I understand that this is why I need to return for a control procedure.

I _____ understand that the control procedure, if required, will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any procedures. I understand that a control procedure takes place 3- 4 weeks after the initial application to allow the procedure site to fully heal. I will book the appointment when it is convenient for both parties.

I _____ understand that the pigment may migrate under the skin, however this is a rare occurrence.

I _____ understand that permanent cosmetic enhancement is an invasive procedure and the infusion process can be uncomfortable.

I _____ am aware that the result of the procedure is determined by the following:

- o Medication
- o Skin Characteristics - i.e. dry/oily/sun-damaged
- o Natural skin undertones
- o Alcohol intake and smoking
- o General stress and
- o A compromised immune system
- o Poor diet
- o Post procedure care treatment

I _____ have been advised that upon completion of the procedure there may be swelling and redness of the skin, which will subside within 1-4 days dependent on lifestyle. In some cases bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, using cosmetics, prolonged exposure to water, excessive perspiration and exposure to the sun should be limited for up to two weeks following the infusion process.

I _____ understand that immediately after the procedure the enhancement can be 30 to 50% darker than the desired result and can take between 4-10 days to lighten. I understand that the true color will be visible 1 month after each application, and that the color may vary according to skin tones, skin type, age and skin conditions. I appreciate that some skins accept color more readily than others and no guarantee of an exact effect or color can be given.

I _____ understand that scar camouflage procedures require skin color-matching tests before the procedure commences and will not give the result of an undetectable scar.

I _____ agree to inform my doctor of my permanent cosmetic enhancement if I require a MRI scan within a 3 month period of receiving the procedure.

I _____ agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the practitioner. I understand that infection and possible scarring can occur if I do not adhere to the said instructions.

Post procedure after care plan given in writing.

To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have the procedure done at this time. I am at least 18 years old. I am not under the influence of drugs or alcohol.

I _____ understand that if I do not allow the technician to complete the procedure, I accept all responsibilities for the result.

For the purpose of documentation, I also consent to the taking of “before” and “after” photographs of said procedure(s).

I _____ absolutely understand that micropigmentation is an art process, and is not an exact science and that every client heals differently. I understand that this is an elective procedure and is not medically necessary. I understand that I will need to return for a second treatment before my procedure can be deemed complete. If heavy make-up is required then I accept that I may require additional work, which I understand is chargeable. I understand that the second treatment needs to be taken – after one month and before three months. If I do not return in the agreed time scale it is deemed that I am happy with a single procedure and that I will pay for any further procedures taken thereafter. I understand that no money will be refunded to me should I decline the second treatment.

I _____ confirm I will strictly adhere to the typed after-care instructions posted/handed to me, and only use the after-care products given. I understand that complications are possible, particularly if post-procedure aftercare instructions are not followed and if I get an infection post-procedure I will visit my Doctor immediately and accept that it could be due to the fact that I do not live in sterile conditions. If I have any questions or queries after the procedure I will telephone the technician to discuss.

I _____ fully understand that the skin type of every client is different and have been advised that pigment should stay visible in the skin from 1 to 3 years (and in some cases indefinitely). Also that lighter colors will fade quicker than darker colors, and that colors will change with time.

If considering BOTOX or COLLAGEN please note injectable can alter the position of the eyebrows.

I _____ understand that future laser treatments or other skin altering procedures, such as plastic surgery, chemical peels, implants, and/or injectable may alter my semi-permanent make-up.

I _____ understand that if I have an MRI or CAT scan that I must tell the radiologist that I have iron oxide semi-permanent make-up and accept that I may get slight tingling in the treated area.

I _____ understand all bookings will require a \$100 fee. This will go towards procedure and is non refundable. I understand any rescheduling should be done three days prior to my appointment. I understand if I cancel the same day I am scheduled, a payment in full is required before booking another appointment. If I no show this will result in no further bookings with this company.

I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.

I have read and understood the above information (Date of the Procedure)

Client Name: **Signature** **Date**

[OBJ]

Technician Name **Signature** **Date**

For re-touch procedure only (please tick)

- ☐ My medical history did not change:
☐ My medical history did change:

Please state what did change:

Date of re-touch procedure..... **Signature**.....

1st visit date.....

Color Used.....

Needle Used.....

Notes.....
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2nd visit date.....

Color Used.....

Needle Used.....

Notes.....
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3rd visit date.....

Color Used.....

Needle Used.....

Notes.....
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4th visit date.....

Color Used.....

Needle Used.....

Notes.....
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