

Informed Consent Form

Client Name _____ Date _____

The nature and method of the proposed cosmetic tattoo procedure(s) has been explained to me by my technician including the usual risks inherent in the procedure process, and the possibility of complications during and following the procedure(s). I understand there may be a certain amount of discomfort or pain associated with the procedure(s) and that other adverse side effects may include minor and temporary bleeding, bruising, swelling, and/or redness or other discolorations. Fading or loss of pigment may occur, no color may occur. Unevenness in design may occur due to swelling. Secondary infection in the area of the procedure may occur, however, if all after care instructions (that are provided) are followed, is rare.

_____ (init.)

* I have informed my technician of any and all health problems. _____ (init.)

* I acknowledge that complications including infection and/or allergic reactions are always possible as a result of a cosmetic tattoo procedure(s), particularly in the event my post-procedural instructions are not followed. _____ (init.)

* I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risks that such a reaction although rare, is possible. I have informed my technician of any existing problems. _____ (init.)

* It has been explained to me that immediately after the procedure(s) is completed, the color will appear dark and the design will appear to be thicker. It has also been explained to me that within a short period of time (usually 5-7 days) during the healing process, the color will lighten/soften, and the design/procedure will heal thinner than it looked the day it was performed. _____ (init.)

* I acknowledge that hyper-pigmentation (darkening of the skin) or hypopigmentation (absence of color in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and that my technician cannot predict how my body will react as a result of this procedure. _____ (init.)

* I acknowledge that the procedure(s) will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results. Tattoo removal is a surgical procedure which may cause scarring and/or disfigurement. _____ (init.)

* I understand that future laser treatments, plastic surgery, implants, injections, and other skin altering procedures may alter and degrade my cosmetic tattoo procedure(s). I further understand that such changes are **NOT** the responsibility of my technician and such changes in my appearance may **NOT** be correctable through further cosmetic tattoo procedures. _____ (init.)

* I understand that tattoos may cause MRI (Magnetic Response Imaging) artifacts and according to many medical professionals there is about a 2% chance of a reaction. Within that 2% almost all will feel a warming and/or tingling sensation in the tattooed area from the MRI due to the iron oxide properties of some pigments. There is one documented case of a severe burn. It is understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event an MRI procedure is prescribed. If I am one of the rare few that may have an MRI reaction, I do not hold my technician, or the manufacturer of the pigments liable. _____ (init.)

* I authorize my technician to obtain pre-procedural and post-procedural pictures, and give both permissions to use such pictures for publication and/or teaching purposes, as they choose. _____ (init.)

* I acknowledge the receipt of written instructions advising me of the proper care of my procedure(s), and ointment by my technician. I understand the absolute necessity for following these instructions. _____ (init.)

*** I understand that cosmetic tattooing is an art form and NOT an exact science, and I acknowledge that NO guarantees have been made to me as to the result of this procedure or how much color your skin will accept and/or hold.** Some skin types will not accept or heal pigment in a consistent manner or at all. Your skin and how well you take care of your procedure (s) will determine your result. I realize that my body and my skin is unique and that my technician cannot in any way predict how my skin may react to the procedure or how it may or may not accept color. I also understand my technician cannot predict how many visits it will take to complete my procedure, therefore **NO GUARANTEES TO THE RESULT ARE MADE BY MY TECHNICIAN** _____(init.)

* The fee for your cosmetic tattoo procedure(s) have been explained to me, including the initial procedure fee, touch-up fees and maintenance fees. These fees are understood and agreed upon. I understand the total fee for services rendered is due upon completion of the initial procedure and that there **WILL BE** separate fees for any touch-up/follow-up work. _____(init.)

* I understand that my technician **DOES NOT** include a free touch-up appointment(s) in the initial procedure price. All touch-up/follow-up appointments **ARE** a separate fee. A "follow-up" appointment is sometimes needed to adjust, and more color or fine tune the initial procedure or a maintenance procedure. All eyeliner procedure appointments start at \$150. After 3 months the follow up fee will increase accordingly. After one full year of initial procedure date, and Other Maintenance fees will apply. _____(init.)

* I accept full responsibility for determining the color, shape and position of the pigments that will be applied. I understand the actual healed color of the pigment applied will be modified slightly due to my own unique skin undertones. And I am fully trusting the technician in the color selection, as this is something we have discussed _____(init.)

* Due to the fact your approval is obtained prior to final selection of color to be implanted and design application(s), that all the facts about cosmetic tattooing have either been disclosed or discussed with you, that you have been informed of all our policies and given full opportunity to have any and all questions answered, my technician employs a **NO REFUND POLICY** and I accept this. _____(init.)

* My technician has the right to refuse service to anyone at any time for any reason. _____(init.)

* This contract is to remain in effect for as long as I remain a client of my technician and all its contents apply whenever work is being performed on myself by my technician. It is my responsibility to inform my technician if any changes have occurred in my medical history. _____(init.)

* I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees from my technician with respect to the benefits to be realized from, or consequences of the aforementioned procedure(s). _____(init.)

I (print name) _____, acknowledge by signing this consent form I agree to all its contents and have been given the full opportunity to ask any and all questions about cosmetic tattooing procedure(s), it's process, and the risks involved from my technician. The decision to have cosmetic tattooing procedure(s) performed is my own and I understand and accept all risks involved, therefore releasing my technician of any and all legal liability. My technician is an artist and makes no claims to be anything more. Permanent makeup/cosmetic tattooing is not a medical procedure, it is an art form. NO MATTER HOW MY SKIN REACTS OR ACCEPTS PIGMENT THERE ARE NO REFUNDS FOR ANY REASON....NO EXCEPTIONS AND I ACCEPT THIS AND ALL CONTENTS OF THIS DOCUMENT.

Client Name (signature) _____ Date _____

If under 18, parent or legal guardian signature _____ Date _____

My technician _____ Date _____