Treatment: Micro Pigmentation/Permanent Makeup/Semi-Permanent Makeup

Statement of Consent and Recitals: Please read and initial all lines

_____ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email you.

_____ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

_____ I understand that RetinA, Renova, Alpha Hydraoxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

_____ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for the MRI.

_____ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session within 60 days.

_____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

_____ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Touch-up must be completed within 60 days of initial procedure.

_____ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-up must be completed within 60 days of initial procedure or an additional cost may apply.

_____ All information gathered from the client that is personal medical information and that is subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) or similar state laws shall be maintained or disposed of in compliance with those provisions.

_____ I have truthfully represented to the Technician that I am 18 years of age or older. I am not under the influence of any drugs or alcohol. 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 a tattoo at this time.

_____ I understand that I will have permanent make-up applied using appropriate instruments and sterilization techniques. I understand that the permanent make-up site usually take 2 weeks or longer to heal. I agree to release and forever discharge, and hold harmless, the Technician, all employees, contractors, and the management of the permanent make-up studio from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my tattoo, the procedure, and conduct used in my tattoo and assume all responsibility for the decision(s) made consenting to this permanent procedure.

_____ I am aware that tattoo inks, dyes, and pigments have not been approved the federal Food and Drug Administration and that the health consequences of using these products are unknown.

_____ I am not pregnant or nursing. I do not have any history of herpes infection at the proposed procedure site. I do not have epilepsy, diabetes, allergic reaction to latex or antibiotics, hemophilia or other bleeding disorder. I do not have cardiac valve disease or suffer from any heart conditions or take medications that thin my blood.

_____ I do not suffer from any medical or skin condition(s) such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the permanent make-up, or any open wounds or lesions at the site of the tattoo.

_____ I do not have a history of medication use or currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.

_____ I have advise the Technician of any allergies to latex gloves, soaps, or medications. I acknowledge it is not reasonably possible for the Technician to determine whether I might have allergic reaction to the permanent make-up process and further acknowledge that such reaction is possible.

INITIAL THE OPTION YOU ARE CHOOSING_____ I have opted out of a patch test, and understand the risks.

_____ I have opted to have a patch test performed 48 hours before the treatment, and understand the risks.

I certify that I have read or have had read to me the contents of this from. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize the licensed professional at Invigorate to perform on my body the Micro Pigmentation/Permanent Makeup/Semi-Permanent Makeup procedure desired today.

Print Name **Signature** **Date**