

ADVISED CONSENT FORM FOR PERMANENT  
COSMETIC/MEDICAL PERMANENT COSMETIC PROCEDURE

Client's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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I hereby authorize \_\_\_\_\_ 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 judgement and do whatever she deems advisable and necessary in the circumstances.

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

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

I understand that a sensitivity for pigment does not guarantee that I will not have an allergic response. I am aware that allergic response to pigment are 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 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 Re-touch procedures. I understand that a control procedure takes 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 the 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:

Medication

Skin Characteristics – (examples: dry, oil, sun-damaged)

Natural skin undertones

Alcohol intake and smoking

General stress and a comprised immune system

Poor diet

Post procedure 'AFTER 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 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 one month after each application, and that the color may vary according to skin tones, skin type, age and skin conditions.* I understand that some skins accept color more readily than others and no guarantee of an exact effect or color can be given.

For permanent cosmetic procedures on the lips:

I understand that immediately after the lip procedures may stimulate any dormant viruses such as herpes (cold sores). I have been made aware that anti-herpes medication is available over the counter or on prescription and has been shown to prevent or minimize such outbreaks.

I understand that I may experience dry lips for up to two weeks following permanent cosmetic lip enhancement.

For permanent cosmetic procedures on the eyelash:

I am aware that if I have had a previous eye disorder or eye infection and receive an eyelash treatment, the disorder may reoccur again. I agree to use the correct medication to prevent such a disorder from reoccurring.

I am aware that even though my vision is not affected by permanent cosmetic eye enhancements I may wish to have someone drive me home.

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 understand that there are few effective methods for pigment removal. Laser removal has proven successful, however it is a process.

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

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

Post procedure AFTER CARE plan will be given in writing and must be signed by client.

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 "BEFORE" and "AFTER" photographs of said procedure.

I absolutely understand that Micro-pigmentation 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 control procedure 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 control procedure 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 satisfied with a single procedure and I that I will pay for any additional procedures taken thereafter. I understand that no money will be refunded to me should I decline the control procedure.

I confirm that I will strictly adhere to the AFTER CARE instructions email/handed to me, and only use the recommended AFTER CARE products. I understand that complications are possible, particularly if post-procedure AFTER CARE 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 I do not live in sterile conditions. If I have any questions or queries after the procedure I will contact 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 1-3 years (and in some cases indefinitely). Lighter colors will fade faster than dark colors, and that colors will change over time. I understand that if I return for RETOUCH procedure (and the Microblading incisions to be followed are clearly visible) then this procedure will be charged at 50% of the original procedure price.

If considering BOTOX or COLLAGEN please note that injectables can alter the position of the eyebrows or lipliner.

If considering facial LASER HAIR REMOVAL please ensure you inform the LHR technician that you have had a semi- permanent/micro-pigmentation lipliner (as laser, if done over the vermilion border, can cause the lip-line to change color).

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

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

## CONTROL PROCEDURE APPOINTMENTS

Your procedure may need a Control procedure to ensure perfect pigmentation. A control procedure is included in the price of your Microblading procedure and must be undertaken between 4 weeks and 3 months after the initial procedure. It is your responsibility to schedule this appointment. Failure to attend a scheduled Control procedure appointment or give 48 hours notice of cancellation will waive your rights to a FREE procedure. Client will then be subject to pay \$150.00 for a Control Procedure.

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

I have had a patch test and reported no reaction to topical anesthetics and pigment.

Client Signature: \_\_\_\_\_

Date of Patch Test: \_\_\_\_\_

I have read and understand the above information today before my procedure.

Client Name: \_\_\_\_\_

Client  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Technician Name: \_\_\_\_\_

Technician  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_