

Beauty Ink, LLC

Service requested:

Eyebrows ___ Eyeliner top ___ Eyeliner bottom ___ Lips_____

CONSENT AND RELEASE AGREEMENT

This form is designed to give information needed to make an informed choice of whether or not to undergo a Semi-Permanent Cosmetics application. If you have questions, please feel free to ask.

Although cosmetic tattooing is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. This is the process of inserting pigment into the dermal layer of the skin. All instruments that enter the skin or come in contact with body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are strictly adhered to. Generally, the results are excellent, however, a perfect result is not a realistic expectation. Usually, a touch-up is expected after the healing is completed (4-12 weeks) and is included in your procedure. Initial color will appear much more vibrant or darker compared to the end results. Usually within 5-7 days, the color will fade 10-50%, soften and look more natural. The pigment is semi- permanent and will fade somewhat over time and will need to be touched- up. Generally a touch- up is needed once per year, but varies with each person.

Possible risks, hazards or complications:

- **Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people better than others.
- **Infection:** Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" card for instructions on care and use provided products.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.

- **Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.
- **Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears within 1-5 days. Some people don't bruise or swell at all.
- **Eye Exposure:** There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, Celluvisc, a thick eye drop is used to protect the eye prior to the procedure. Eye solutions are used to cleanse and flush the eye after the procedure is complete.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.
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- **Fitzpatrick skin types 1-2:** (Redheads/Blondes-fair skin-light eyes) You may be red, swollen and sometimes the pigment will not retain good and you may require additional touch-ups.
- **Fitzpatrick skin types 3-6:** (medium/ dark skin) Please note the hair strokes will not be as visible as on lighter skin types.
- **Alopecia:** Due to change in skin & follicles, not all types of Alopecia clients are a candidate for hair strokes technique.
- **Large Pores/Oily/Severely Oily Skin:** Pigment can/ will look more powdered/solid.
- **Thyroid/Graves disease, Hepatitis (A,B,C):** Medications cause the pigment to not retain properly.
- **Trichotillomania-pulling disorder:** Due to scar tissue pigment may not retain well & WILL blur)
- **Eczema or Dermatitis:** (Chronic shedding, bumps, redness, irritation or flaking of the skin in the area of procedure) Will result in pigment not retaining properly.

- **Organ transplant:** Transplant that requires anti-rejection medications Will result in pigment to not retain properly.
- **Tan / Tanning:** (no sun one week before & 30 days after) Pigments implanted in TAN skin WILL Heal Darker, Appear Ashy and microblading strokes WILL NOT look like hair strokes.
- **Allergic Reaction:** There is a small possibility of an allergic reaction.
- **Acne medication:** Pigment MAY/ WILL not stay.
- **Steroid medication:** Pigment WILL not stay. Must be off of one month.

STATEMENT OF CONSENT AND RECITALS

Please read and Initial all lines:

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

_____ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. I am aware that using these products will alter the color.

_____ I understand that sun, tanning beds, pools, some skin care products and medications can affect my cosmetic tattoo. I will tell my skin care professionals or medical personnel on my procedures, especially if I'm scheduled for an MRI.

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

_____ I understand that implanted pigment color can slightly change or fade over time and I will need to maintain the color with future applications and touch-up sessions.

_____ I understand that there are NO REFUNDS.

_____ 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 and retention and hyper-pigmentation.

____ I have been quoted the cost of my procedure, which includes one (1) touch up after 4-12 weeks. After 12 weeks, a fee will apply and there will be no refunds for this elective procedure(s).

____ I understand that I have to consult a physician if any signs and symptoms of infection such as fever, swelling, redness or drainage occur.

____ I understand that if I do not follow the aftercare 100% I can ruin the whole process.

____ I am NOT PREGNANT/ NURSING

____ I DO NOT HAVE DIABETES.

____ I am not intoxicated or under the influence of drugs or alcohol.

I understand this type of procedure typically takes 4-12 weeks to heal completely. I do hereby release and forever discharge Beauty Ink, LLC from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by having this procedure performed.

Initial here _____

I further agree that I WILL NOT SUE OR MAKE CLAIM against Beauty Ink, LLC for procedures performed on me. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments and costs including attorney's fees, incurred in connection with any action brought as a result of having said procedure done by Beauty Ink, LLC. Initial here _____

I further represent that I am at least 18 years of age, I waive and release any and all legal rights that may accrue to me as the result of any injury I may suffer while engaging in permanent procedures by Beauty Ink, LLC. Initial here _____

I certify that I have read the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have the opportunity to ask questions and all of my concerns have been answered. I acknowledge that I have reviewed and approved the materials given to me and I authorize Beauty Ink, LLC to perform on my body and face the following procedures I have chosen.

Signature

Date

CLIENT MEDICAL FORM

- YES / NO History of MRSA
- YES / NO Diabetes
- YES / NO Cold Sores / Fever Blisters ever?
- YES / NO History of HIV / AIDS
- YES / NO Hepatitis (A,B,C,D)
- YES / NO Easy bleeding
- YES / NO Abnormal Heart Condition
- YES / NO Take meds before dental work
- YES / NO History of Cancer? Year _____
- YES / NO Chemotherapy / Radiation
- YES / NO Botox/ Filler Last Date:_____
- YES / NO Blepharoplasty (Eyelid surgery)
- YES / NO Forehead / Brow lift
- YES / NO Facelift
- YES / NO Eye surgery/injury/corneal abrasion
- YES / NO Chemical peel (last treatment _____)
- YES / NO Brow or lash tinting (last treatment _____)
- YES / NO Oily skin
- YES / NO Accutane or acne treatment
- YES /NO Tan by booth or sun
- YES / NO Taking blood thinners such as Aspirin, Ibuprofen, alcohol, Coumadin, etc.
- YES / NO Allergic Reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, PropyleneGlycol, Vitamin E Acetate, etc.
- YES / NO Allergies to metals, food etc.
- YES / NO Diseases or disorders not listed: _____
- YES / NO Do you use skin care products containing Retin A, glycolic acid or alpha Hyrdoxy?
- YES / NO Alopecia

Please list medication or vitamins you are currently taking:

_____ (Initial) I certify that all the information is true and correct to the best of my knowledge.

Name _____
Address _____ City _____ State _____
Zip Code _____ Phone # _____ (c) _____ (w) _____
Email _____ DOB _____
In case of emergency: Contact Person _____
Phone # _____ Relationship _____
Physician Contact: _____

PHOTOGRAPHY RELEASE CONSENT

Beauty Ink "Before" and "After" photos will be taken and kept on file. We would like your permission to use these photos for advertising, portfolios, online and in-print ads, etc. Please select which photos below you agree for us to use.

(Eyebrows) Full Face _____ Eyebrows and Eyes _____ Eyebrows only _____
(Eyeliner) Full Face _____ Eyes Only _____
(Lips) Full Face _____ Lips Only _____

Signature _____