

### Disclosure and Consent for Tattoo and Dermal Procedures

I, \_\_\_\_\_, as a client have requested that you describe the procedure to be utilized so that I may make an informed decision whether or not to undergo the procedure.

You have described the recommended procedure to be used as Micro Pigment Implantation , the process of implanting micro insertions of pigment into the dermal layer of skin. Micro Pigment implantation is a form of tattooing used for the purpose of permanent cosmetic makeup.

I voluntarily request as my intradermal cosmetic technician, Simone Lindsay, to perform the following procedure on my body (circle):

UPPER EYELID LOWER EYELID EYEBROW FULL LIP COLOR LIPLINER

OTHER: \_\_\_\_\_

#### Please read and check only one:

\_\_\_\_\_ I hereby authorize Simone Lindsay to take photographs of the work performed both before and after treatment, **and I further authorize the use of said photographs to be used for the purpose of advertising.**

\_\_\_\_\_ I hereby authorize Simone Lindsay to take photographs of the work performed both before and after treatment to be maintained **only in file.**

#### Please Initial:

1. \_\_\_\_\_ I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

2. \_\_\_\_\_ I have informed Simone Lindsay that I am in good health and not under the care of any physician.

3. \_\_\_\_\_ I have been told that there may be known and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

4. \_\_\_\_\_ I understand that there is a possibility of hyperpigmentation resulting from a procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.

5. \_\_\_\_\_ I have been told that this procedure will involve pain and discomfort.

6. \_\_\_\_\_ I have been told that a follow-up procedure may be required and that the color of the pigment may fade.

7. \_\_\_\_\_ I have been told that the markings are permanent and there is a risk of infection following the procedure.

8. \_\_\_\_\_ I have been told that there is a chance that I may experience a corneal abrasion from the eyeliner procedure.

9. \_\_\_\_\_ I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment; however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment. I agree to (circle one):

RECEIVE WAIVE a spot test prior to application and I agree to release Simone Lindsay from any and all liability related to allergic reaction or any other reaction to applied pigments.

10. \_\_\_\_\_ I have been told that allergic reactions to pigment are very rare, however, they can occur and when they occur they can be serious and especially difficult and very troublesome to treat.

11. \_\_\_\_\_ I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

12. \_\_\_\_\_ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Simone Lindsay and the State Department of Health.

14. \_\_\_\_\_ I have received a copy of the Post Procedure Instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.

15. \_\_\_\_\_ I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

\_\_\_\_\_  
Signature first visit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature second visit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature third visit

\_\_\_\_\_  
Date