

Scalp Micro-pigmentation Consent Form

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email Address: _____

Referred by? _____

Immediately following your procedure, the tattooed area will appear darker, bolder in color, and sharply defined. This appearance can last up to a week after the treatment while the initial healing process takes place.

The treated area may feel a bit like a sunburn after the procedure, but the discomfort should be minimal. During the initial healing period, you're likely to experience minor scabbing or flaking of the skin. If you do experience some scabbing or flaking, allow the scab or dry skin to fall off naturally on its own.

The complete healing process takes about 6-8 weeks. When the process is complete, the true color of the tattoo will be evident. While it heals, your tattoo will soften and lighten as your skin is regenerating and naturally exfoliating. It will take at least 6 weeks to see the true color of the tattoo as it will take on new strength as it heals. After 6-8 weeks, you may have touch-ups or adjustments done.

I understand that there may be a discomfort or pain associated with the procedure and that other possible adverse side effects may include (but are not limited to): minor and temporary bleeding, bruising, redness, or other discoloration and/or swelling. Fading and/or loss of pigment may occur. Secondary infection around the procedure site is rare if it is properly cared for but it may occur in certain individuals.

By signing below, I *specifically* acknowledge that I have been advised of the facts set forth in this document and I agree as follows:

(Please initial the line next to the number to signify you clearly understand each statement.)

1. ____ I have informed the practitioner of all my known allergies. I acknowledge that it is not reasonably possible to determine in advance whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure. I agree to accept the risk that such reaction is possible.
2. ____ I acknowledge that complications as a result of semi-permanent makeup procedures may occur, particularly in the event that I do not follow post-procedural instructions. I accept full responsibility for such complications.
3. ____ I realize that my body is unique and the technician nor any of her contractors can predict how my skin may react as a result of the procedure.
4. a. ____ I have previously had micropigmentation performed by someone other than my technician on the same area that I am asking her to treat today.
__ YES __ NO

b. ____ IF YES, I understand that correcting or touching up micropigmentation that was performed by others involves additional risks due to the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which the technician has no control. I understand that additional treatments after the initial treatment may be required and I will be billed at the technician's standard rate for additional treatments. I understand that the technician cannot predict the results of the treatment and cannot guaranty that the results will be as I desire. I understand and fully accept the risks associated with this procedure and hold the technician harmless from said risks.
5. ____ I acknowledge that the procedure may result in a long-lasting change to my appearance and that no representation has been made to me as to the ability to later change or remove the micropigmentation.
6. ____ I understand that future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my semi-permanent makeup and that I ought to inform any future service provider that I have had micropigmentation applied. I understand and accept that such changes are not the fault of the technician or her contractors. I further understand that such changes or degradation in my appearance may not be correctable through further semi-permanent makeup procedures.
7. ____ I consent to the admittance of authorized observers to the procedure(s) for the purpose of education or assistance.

8. ____ I acknowledge that obtaining the semi-permanent makeup is my choice alone and I consent to the procedure, to its potential risks, and to any actions of the technician or her contractors that are reasonably necessary to perform the procedure.
9. ____ I understand that I will have the opportunity to approve the design and color of the semi-permanent makeup to be applied and I accept responsibility for same.
10. ____ I consent to be photographed both before and after the procedure solely to document the results of the procedure. Said photographs shall not be distributed or viewed by anyone other than the technician and her contractors without my consent.
11. ____ [Optional] I consent to the technician or her contractors using "before & after" photos of me for marketing purposes. I may at any time withdraw such consent for specific photographs by contacting the technician in writing via standard mail or email.
12. ____ I have been given an opportunity to ask all the questions I have about having semi-permanent cosmetic procedures performed by the technician or her contractors and all such questions have been answered to my satisfaction.

If you have previously had micropigmentation performed by the technician, has your medical history changed since you last filled out the technician's Medical Profile form?

____ YES ____ NO

If YES, please specify all changes below:

I have read and understand each statement above. I acknowledge that this is a contract and that I have received no warranties or guaranties with respect to the benefits to be realized from, or consequences of, the aforementioned procedure. I further acknowledge that at the time of signing this consent I am of sound mind and capable of making independent decisions for myself.

I agree to release and forever discharge and hold harmless the technician and all employees from any and all claims, damages or legal actions arising from or connected in any way with my scalp pigmentation procedure.

Full Name (Print)

Client Signature Date

Technician statement: I have personally reviewed the above information with my client or the client's representative.

Technician Signature Date

FOR TECHNICIAN USE ONLY:

Pigment(s) & Needles Used:

Date: _____

Color(s): _____ Strength (drops): _____

Type: _____ Lot No.: _____ Exp.: _____

Date: _____

Color(s): _____ Strength (drops): _____

Type: _____ Lot No.: _____ Exp.: _____

Notes: