Micropigmentation (Semi-Permanent Makeup) Informed Consent

Name:_____ Date Of Birth:_____
Address:_____
City:_____ State:_____ Zip:_____
Cell Phone:_____ Home Phone:_____
Email Address:_____

How did you hear about us? (circle) Google / Facebook / Instagram / Yelp / Other / Referral (name)
_____

The nature and method of the proposed semi-permanent makeup (cosmetic tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand that there may be a certain amount of discomfort or pain associated with the procedure and that other possible adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and/or swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment
may occur. Secondary infection in the area of the procedure is rare if properly cared for, but may occasionally occur.

By signing below, I specifically acknowledge that I have been advised of the facts and matters set below, and I agree as follows: (Please initial the line next to the)

1. _____ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always 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; and 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 the post-procedural instructions are not followed, and accept full responsibility for such complications.
3. _____ I realize that my body is unique and neither PSA nor its employees can predict how my skin may react as a result of the procedure.
4a. _____ I have previously had micropigmentation performed by someone else on the same area (brows, lips, etc) ____YES ____NO
4b. _____ IF YES, I understand that correcting or touching up micropigmentation that was performed by others involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which PSA has no control. I understand that additional appointments after the initial and follow up appointments may be required, and will be billed at PSA's standard rates. I understand that PSA cannot predict the results in advance, cannot guarantee, and has not represented that the results will be as I desire. I understand and fully accept the risks associated with this procedure.
5. _____ I acknowledge that the procedure may result in a long-lasting (many years) change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.
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 must inform any future service provider that I have had micropigmentation applied. I understand and accept that such changes are not the fault of PSA or its employees. 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 and to its attendant risks, and to any actions or conduct of PSA and its employees reasonably necessary to perform the procedure.
9. _____ I understand that I will have the opportunity, within the time constraints of my appointment, to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility.
10. _____ I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of PSA.
11. _____ [Optional/Requested] I consent to PSA using "before & after" photos of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting PSA, which will then discontinue use of said photo(s).
12. _____ I have been given the full opportunity to ask any and all questions which I might have about obtaining semi-permanent cosmetic procedures from a micropigmentation specialist at PSA, and that all of my questions have been answered to my full and total satisfaction.

If you have previously had micropigmentation performed by PSA, has your medical history changed since you last filled out our Medical Profile form? ____YES ____NO

If YES, please specify. _____
_____

I have read and understand the contents of each statement above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the procedure(s). 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 hereby release and forever discharge and hold harmless PSA and its owners, managers, employees and affiliates from any and all claims, damages or legal actions arising from or connected in any way with my micropigmentation, or the procedure and conduct used in my performing my tattoo, to the fullest extent allowed by the law.

_____ _____
Name (Please print legibly) Date

_____ _____
Client Signature Date

_____ _____
Parent Or Legal Guardian (If Client Is Under 18) Date

Witness:

_____ _____
Signature Date