

CONSENT FOR MEDICAL AND COSMETIC TATTOOING

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I understand and agree by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically understand and agree I have been advised of the facts and matters set forth below and I agree as follows:

Procedure

➤ I hereby authorize _____ to perform the following micropigmentation procedure: Eyeliner Eyebrows Lip Liner Full Lip Color Scar Camouflage Beauty Mark Areola Repigmentation Other _____.

➤ I understand the nature of the procedure and understand that the procedure will result in a change in my appearance and that no representations have been made to me as to the ability to later change or remove the result.

➤ I accept responsibility for determining the shape, color, and position of the pigment to be applied and understand that my skin color, texture, tone and history may modify the final color of the healed pigment.

Risks

➤ I understand that the known complications of micropigmentation include: redness, swelling, puffiness, bruising, dry patches, tenderness, bleeding, infection, color loss, delayed wound healing. In addition to these potential risks, there may be other unpredictable risks.

➤ I understand that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure and agree to accept the risk that a reaction is possible.

Results

➤ I realize that my body is unique and understand that with time, pigment can fade and change color due to my metabolism, skin type, scar tissue, compromised skin, past and future medical treatments, current and future medications, my age, sun exposure, alcohol intake, smoking habits, and Retin-A, and Glycolic acids. I further understand that the practitioner cannot predict how my skin will react as a result of the procedure.

➤ I understand that laser treatments, skin altering procedures, plastic surgery, implants, radiation, and/or injections may alter and degrade my procedure results and that such changes may not be correctable through further procedures. I further understand that such changes are not the fault of the practitioner.

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- I understand that no guarantee has been made to me concerning the results that may be obtained from this procedure and that the professional recommendation is to aim for a natural look.
- I understand that there are no warranties or guarantees, implied or specific about my outcome.

Consent

➤ I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent risks of the procedure I seek, as well as those additional risks and complications, benefits, and alternatives.

➤ I consent to be photographed and/or recorded before, during and after the procedure and consent to taking of before and after photographs and understand that such photographs and/or recordings may be used for publication, education and marketing. I consent to the above, without expectations of payment to me now or in the future.

➤ I do hereby release Diana DeMasi, its agents and representatives from all liability in connection with the above.

➤ I consent to the admittance of observers to the procedure room for the purposes of assistance, education and/or training.

➤ I acknowledge that the obtaining of the procedure is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the practitioner reasonably necessary to perform the procedure.

Liability

➤ I acknowledge that the practitioner is an independent contractor or leases space and is in no way affiliated with the doctor’s office, hospital and/or tattoo studio in which the practitioner performs the procedure and that I hold harmless the physician, office, hospital, facility and tattoo studio from all liability from the performance of the procedure.

Print Name: _____

Date: _____

Signature: _____

Date: _____