

Permanent Cosmetics

Disclosure and Consent for Tattoo and/or Intradermal 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 and skin imperfection camouflage.

I voluntarily request as my intradermal cosmetic technician, Donna Furr and such association and technical assistance as she may deem necessary to perform on my body the following procedure
UPPER EYELID LOWER EYELID LOWER MUCOSAL EYELID EYEBROW FULL LIP COLOR LIPLINER AREOLAS CAMOUFLAGE STRETCH
MARKS OTHER: _____

_____ I hereby authorize Donna Furr 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 Donna Furr to take photographs of the work performed both before and after treatment to be maintained only in file.

_____ 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.

_____ I understand I will need to maintain the color with future applications. Sun, skin care products, pools and other factors play a role in pigment fading on the face as well as some medications. An allergic reaction may occur, possibly with topical agents or after care.

_____ I have informed Donna Furr that I am in good health and not under the care of any physician.

_____ I am currently under the care of Physician's Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

I am being treated for the following condition(s): _____

_____ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Donna Furr or, a health care practitioner TEXAS Department of Health, Drugs and Medical Devices Division, at 1-888-839-6676.

Signature

Date

Disclosure and Consent for Procedures

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_____ I understand that no warranty or guarantees have been made to me as to the results. There are no refunds for this elective treatment procedure(s).

_____ 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.)

_____ I have been told that there may be risks and hazards related to the performance of the procedure planned for me. I have been told that this procedure could involve pain and discomfort.

_____ I have been told that the markings are permanent and there is a risk of pigment migration and infection following the procedure.

_____ I have been told that a follow up procedure may be required and that the color may fade over a period of time.

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

_____ I have been told that there is a chance of allergic reaction to pigment(s) or other materials used and that my body may reject the pigment.

_____ I understand that if I choose to do a pigment patch test that does not guarantee that I may not develop an allergic reaction in the future.

_____ 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.

_____ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Donna Furr and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and Donna Furr or the breach thereof, shall be settled by arbitration in the state of TEXAS in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

_____ I have received a copy of the permanent cosmetic aftercare instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.

_____ 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

Date

