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 and skin imperfection camouflage.

I voluntarily request as my intradermal cosmetic technician, Silvia and such association and technical assistance as she may deem necessary to perform on my body the following procedure (circle all that apply):

UPPER EYELID   LOWER EYELID   LOWER MUCOSAL EYELID   EYEBROW   FULL LIP COLOR   LIPLINER   AREOLAS   CAMOUFLAGE STRETCH MARKS

OTHER:_____

Please Check:
_____ I hereby authorize Silvia 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 Silvia to take photographs of the work performed both before and after treatment to be maintained only in file.

Please Initial:
_____ 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 have informed Silvia that I am in good health and not under the care of any physician.

_____ I am currently under the care of a physician.

Physician's Name: _____

Physician's Specialty: _____

Address: _____

City, ST, Zip: _____

Phone: _____

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

Disclosure and Consent for Tattoo and Dermal Procedures (continued)

_____ I understand that no warranty or guarantees have been made to me as to the results.

_____ 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 will 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 of pigmentation may fade.

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

_____ 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.

_____ 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