

ANATOMY TATTOO

C O S M E T I C

PROCEDURE CONSENT FORM

What would you like to improve about your eyebrows? Consider shape, color, density, and thickness.

PLEASE INITIAL THAT YOU HAVE READ:

_____ I am over the age of 18, am not under the influence of drugs or alcohol, and desire to receive the permanent makeup procedure.

_____ I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 6 months - 3 years, depending on skin type. Even once the color fades, pigment itself may stay in the skin indefinitely.

_____ I accept the responsibility for determining the color, shape and position of the eyebrows as agreed during consultation

_____ I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

_____ I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure.

_____ I understand that I may have to return for a repeated procedure.

_____ There are no refunds for this procedure, as results will vary and individual results are not guaranteed

_____ The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type) personal pH balance of your skin, alcohol intake and smoking, activities causing sweating, use of cosmetic injections, post procedure after care, etc.

_____ Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days

_____ I have been advised that the true color will be seen 1 month after each procedure, and that the pigment may vary according to skin tones skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

_____ To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

_____ I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician and online on their website. Failure to do so may jeopardize my chances for a successful procedure.

_____ I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading/fading of pigments.

_____ I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin, as well as the amount of bleeding during the procedure.

_____ I understand that more bleeding during the procedure may cause the color to heal with a gray hue. I fully understand this is a tattoo process and therefore not an exact science but an art.

_____ I understand there is a possibility of an allergic reaction to numbing agent and/or pigments.

_____ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my procedure.

_____ I acknowledge some of these potential adverse changes may not be correctable

_____ I acknowledge that the correcting and the revision of any type of permanent makeup, tattoo or work, previously performed by other providers involves additional risks due to unknown factors, such as but not limited to, brand, color, time, skin reaction, depth and others and the practitioner has no full control over the potential results and I accept full responsibility for the final outcome and complications.

_____ In case I will need an MRI scan, I will notify and discuss with the health provider/doctor of the permanent makeup procedure.

_____ I agree to release, forever discharge and hold harmless the artist, anatomy tattoo and all it's affiliates and employees from any and all claims, damages, or legal actions arising from, or connected in any way to my decision to obtain the procedure, and conduct used in obtaining permanent makeup.

_____ I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit and associated risks and contraindications, I accept full responsibility for my decision to have this cosmetic semi-permanent pigmentation procedure done.

Artists Name: _____

Date: _____

Name (print): _____

Signature: _____

PHOTO/VIDEO RELEASE FORM

_____ I hereby consent to, and authorize my artist and Anatomy Tattoo the use of the specified photographs and/or video; that is photographs taken before, during and after my procedure.

_____ I understand that my identity will be protected and my full name will not be used in conjunction with the photographs and/or video.

_____ All the photos and/or video will be clinically appropriate and tastefully presented

_____ I have agreed and understand that these photos may be used on the website, social media accounts, and in-office for demonstrational and promotional purposes.

_____ Should I desire to revoke permission for their use in the future, I understand that I must notify my artist, and Anatomy tattoo in writing and allow 30 days to accomplish this removal.

_____ I now release my artist and Anatomy Tattoo, and anyone authorized by my artist and Anatomy Tattoo, all personal rights and objections I have or may have to the above described uses of my photographs and/or videos.

_____ I have entered into this release freely and voluntarily, and agree to be bound thereby.

Artists Name: _____

Date: _____

Name (print): _____

Signature: _____