



Lady Ink Cosmetic Tattooing

Client Information

Name _____ Date of Birth _____ Age _____

Address _____
Street City Post code

Day/Cell Phone () - _____ - _____ Home Phone () - _____ - _____

Email (required) _____ Okay to leave message Y or N

Referred by? (Person's Name, Google, Website, FB, etc.): _____

Procedure: _____

Procedure Fee \$ _____ Cash, Check, Credit Card

Touch up fee \$ _____ (paid at time of touch up 6-12 weeks post procedure)

Informed Consent

The nature and method of the proposed Permanent Make-up (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 I will be numbed with topical anesthetics, however, there may still be some discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling; in addition, spreading, fanning, inconsistent colour, or fading of pigments may occur. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Corneal abrasions or Conjunctiva burns are a rare side effect of eyeliner procedures especially if I open my eyes during the numbing phase of the procedure, rub or scratch my eyes or apply contacts too soon post procedure. As with any open skin procedure, secondary infection in the area of the procedure may occur, however, if properly cared for, is rare. _____(initial)

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Debbie Casson and that all of my questions have been answered to my full satisfaction. I have been advised of the facts and matters set below, and I agree as follows:

- That it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, topical preparations, or processes used in the procedure; and I accept the risk that such a reaction is possible, although rare. I have informed the technician of any existing problems. _____ (initial)
- That complications are always possible as a result of the permanent make-up procedure, particularly in the event that Pre or post-procedural instructions are not followed _____(initial)
- I have received a copy of the After Care Instructions and will adhere to them strictly. I understand that if I get my tattoo wet after the initial post procedure cleanse and before it's sealed (1 week), I can ruin my results. The aftercare is critical for optimum pigment retention. _____(initial)
- Results **WILL** appear softer as the treated area heals. The area/s treated **WILL NOT** look as DEFINED or as BOLD as the 1st procedure. _____(initial)

- ALL procedures require 2 appointments (6-12 weeks apart) for optimal results & color boosts every 2 yrs (approx.) to keep the color fresh. _____(initial)
- That if I have **oily/severely oily** skin, the pigment will heal/appear much softer and can look more blurred and solid due the over-production of oil glands. The pigment may even disappear and reappear during the healing process. The pigment WILL fade quicker. A powder fill is often times more suitable for oily skin vs the hair stroke technique. I accept these risks and would like to proceed. _____(initial)
- Frequently tanned and sun exposed skin WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure. _____ (initial)
- That pigment implanted on darker skin types (i.e. Maori, pacifica, Indian, Filipino etc.), will appear softer and blend more with your own skins melanin and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. Powder fill may be more suitable for extremely dark skin. _____(initial)
- Alopecia clients- Due to the change in skin texture, pigments may heal more powdered. _____(initial)
- That skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. _____ (initial)
- Thyroid Conditions & Medicines, and blood thinning meds such as Coumadin, Advil, aspirin, steroids, or Prednisone can prevent the pigment from retaining, fade quickly or change in color. I accept these potential risks & wish to proceed. _____(initial)
- That my body is unique, and the technician cannot predict how my skin may react as a result of the procedure. Even when following the aftercare, fading, blurring or poor retention can still happen depending on your skin & lifestyle. Certain medications (Thyroid meds, retin A, Accutane, blood thinning meds, Latissee, etc), skin care regimens (tanning, exfoliating, fillers, certain products, etc), skin types (oily, dark, thin, scarred, prone to hyperpigmentation or keloids, etc), and pre-existing skin conditions (alopecia, psoriasis, eczema, etc.) can affect the healed results. Not everyone is a candidate for Permanent Makeup. In some cases, pigment will not take at all or it will heal much softer and blurred. The pigment can even disappear and reappear during the healing process. A powder fill vs hair strokes may be more suitable for some clients. I accept the outcome is uncertain and I wish to proceed. _____(initial)
- That **NO** guarantees have been made to me concerning the results of the procedure and the professional recommendation is a natural look_____ (initial)
- If you have had tattoo removal prior to procedure, due to scar tissue the pigment may not retain. Further procedures may not be an option. _____(initial)
- In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. _____(initial)
- Permanent Makeup is an ART, NOT a science. Client's results will vary and using a pencil or powder may still be needed. To minimize scar tissue build up, touch ups will not be done any sooner than the required time recommended by the technician. _____(initial)
- A lot of time and materials are used to perform procedures. **Absolutely NO Refunds** after services have been performed. _____(initial)
- I am not pregnant, nursing, or trying to get pregnant (IVF). _____(Initial)
- I understand that the taking of before and after photographs of the procedure are a condition of said procedure. Photographs are used to document the work of the technician and to show future clients samples of procedures performed by technician. Work displayed on website is cropped to protect identity. I understand this condition and consent to my cropped pictures being displayed. _____(Initial)
- Lady Ink Cosmetic Tattooing can release me at any time from any future services if policies or procedures are not followed or if it is determined that you are not a good candidate for the requested procedure _____ (initial)

I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was over the age of 18, was Not under the influence of drugs or alcohol, of sound mind and capable of making independent decisions for myself.

Client Signature: _____ Date: _____

Debbie Casson, CPCP _____ Date: _____