Intradermal Permanent Cosmetics

Disclosure and Consent for Tattoo and Dermalogical Procedures

I ______ as a patient have requested that the procedure to be utilized be ascribed to me so that I may make the decision whether or not to undergo the procedure.

The procedure has been described to me as Intradermal Pigmentation Implanting, which is micro insertions of pigment into the dermal layer of skin. Micro Pigment Implantation is a form of tattooing used for the purpose of permanent cosmetics and skin imperfection camouflaging.

I voluntarily request **Santa Guajardo RMA** to perform the following procedure:

PLEASE INITIAL:

_____ I hereby authorize photographs to be taken of the work performed both before and after treatment.

_____ I understand that smoking greatly slows down the healing process which may cause poor healing and loss of pigment.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

I understand that this discussion of the procedure is not meant to scare or alarm me: it is simply an effort to make me better informed so that I can give or withhold my consent to the procedure.

I have informed Santa Guajardo who will be performing the procedure that I am in good health and not under the care of a physician.

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

I have been told that there may be risks and hazards related to the performance of the procedure planned for me. The risks associated the procedure are as follows:

- Intradermal pigmentation is a form of tattooing.
- Touch-up procedures may be required.
- Clients must wait 3-6 weeks before a tough-up procedure can be performed.
- Thick eyeliner, full lip colors and camouflage treatment may require additional treatments.
- Application of intradermal cosmetics can be painful.
- Pigments can and will fade.
- Pigments may migrate.
- Pigments will heal a different color than what they appear when applied.
- There may be immediate or delayed allergic reaction to red pigment. An allergy test does not guarantee a client will not have an allergic reaction to the pigment after the full procedure.

- Infections can occur.
- Allergic reaction to antibiotics and anesthetics can occur.
- There will be slight swelling and redness following the procedure.
- Clients receiving treatment on lip-liner or full lips who have had previous problems with cold • sores/fever blisters (i.e., herpes-a communicable virus) may have an outbreak following the procedure. A prescribed medication can be taken to prevent or minimize such outbreaks.
- Lip-liner will appear "crusty" for one week following the procedure. •
- Camouflage procedures will need to be tested for skin tome color matching. •
- There are few effective methods for pigment removal. •

I understand that a follow-up procedure may be required and that the color of the pigment may fade.

I understand that there is risk of corneal abrasion from the eveliner procedure.

I understand that there is a risk of an allergic reaction to the pigment and that my body may reject the pigment.

I have been given an opportunity to ask questions about the procedure(s), and the technique to be used, and the risks and hazards involved 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 Laser Center of Southlake. I further agree that any controversy or claim arising, relating to this consent and/or signed contract between myself and the technician or the breach thereof, shall be settled by arbitration in Fort Worth, TX in accordance with the Rules of the American Arbitration Association and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

I certify this form has been fully explained to me; that I have read it or it has been read to me. The blank spaces have been filled in and that I understand its contents.

Patient's signature	Date
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Witness signature_____ Date_____