



## **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 been described the recommended procedure to be Micropigmentation, the process of implanting pigment into the dermal layer of skin. Micropigmentation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request my Paramedical Tattoo Artist, to perform the following procedure(s):

Lip Tattoo \_\_\_\_\_ Areola Tattoo \_\_\_\_\_ Scalp Tattoo \_\_\_\_\_ Scar Camo \_\_\_\_\_

### **PLEASE READ AND CHECK ONE:**

\_\_\_\_\_ I authorize Keisha Davis to take photographs of the work performed both before and after treatment, and further authorize the use of said photographs for her website, social media and/or to show future patients. (She is able to conceal your identity if requested)

1. I understand the description is not meant to alarm me, just to make sure I'm better informed so that I may give or withhold consent for this procedure.
2. I have informed KD Kaesthetics that I am in good health.
3. I understand that no warranty or guarantees have been made to me as to the results.
4. I understand that there is a possibility of hyperpigmentation resulting from a procedure,
5. Especially in individuals prone to hyperpigmentation from a scar or other injury.
6. I have been told that there may be risks and hazards related to the performance of the procedure planned for me.
7. I have been told that this procedure may involve discomfort or pain.
8. I have been told that the markings are permanent and that there is a risk of infection following the procedure.
9. I have been told that a follow-up procedure may be required and that the color of the pigment may fade.
10. I have been told that there is a fee if a "touch up" is required.
11. I have been told that there is a chance of an allergic reaction to pigment and that my body may reject the pigment.

INITIAL \_\_\_\_\_



### **Disclosure and Consent for Tattoo and Dermal Procedures (Continued)**

\_\_\_\_\_ I have accurately completed the Medical History Form.

\_\_\_\_\_ I have been candid in revealing any condition that could prohibit or alter my treatment such as, but not limited to, pregnancy, recent surgeries, sun exposure/tanning, cold sores, tendency of scarring, breastfeeding and use of any Accutane in the past 12 months.

\_\_\_\_\_ I understand that there are no guaranteed results from these treatments, many variables such as age, sun damage, prolonged sun exposure, smoking, excessive alcohol intake, climate, diet and increased water intake may reduce the effects of my treatment.

\_\_\_\_\_ Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the treatment and accept sole responsibility for any medical care that may become necessary. I will immediately inform the Artist performing the treatment, of any adverse reactions.

\_\_\_\_\_ In the application and removal process of permanent make-up the epidermal layer to skin is penetrated. Some of the potential side effects include but are not limited to: discomfort, swelling, reddening, hyper-pigmentation, hypo-pigmentation, scarring and infection.

\_\_\_\_\_ I understand that there is a chance for pigment migration. This is where the pigment moves out of the designated area being treated to an area where pigment may not be desired.

\_\_\_\_\_ I agree that should I have a complaint of any kind whatsoever, I shall immediately notify Keisha Davis and further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and Keisha Davis 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 Keisha Davis immediately and seek medical attention immediately.

\_\_\_\_\_ 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 it's contents.

\_\_\_\_\_ Upon signing this form, I acknowledge that I have read this form, that I fully understand it's contents and that I have been given ample opportunity to ask questions and that all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
\_\_\_\_\_ Print Name Signature Date