COSMETIC TATTOOING
By Sarahjane

TREATMENT CONSENT FORM

Name: _____ Address: _____

_____

Email: _____ Contact No: _____

I clarify that I am under the age of 18 years and that I am not under the influence of drugs or alcohol.

I further clarify that I have received a full consultation and that the procedure of micropigmentation treatment has been explained to me fully and in detail and I wish to receive the treatment below:

Brow **Treatment**: _____

Eye **Treatment**: _____

Lip **Treatment**: _____

Expected Number of Visits: _____ **Total Fee:** _____

I AGREE WITH THE SHAPE AND COLOUR THAT HAS BEEN CHOSEN. Your technician will use measuring callipers as well as go by eye for symmetry, however, no person's face is entirely symmetrical, therefore I understand the brows will differ slightly.

I ALSO UNDERSTAND THAT MICROPIGMENTATION IS A TATTOO PROCESS and carries with it possible consequences associated with this type of procedure, including but not limited to infection, scabbing and inconsistent colour and spreading of the pigments. I also understand that the colour may, at first, appear to look dark, but that up to 50% of colour may be lost as scabbing clears – usually within 7 days of the first treatment, and that further treatment may be needed to achieve the correct balance.

I CONFIRM THAT I HAVE COMPLETED A PATCH TEST and I am not aware of any allergic reaction having occurred. I have been given both pre- and post-operative instructions to which I will strictly adhere. If I ever develop cold sores, I will consult with and strictly follow my doctor's instructions. I am not allergic to lidocaine and have applied my own OTC topical anaesthetic prior to my treatment or have a prescription through my technician.

I UNDERSTAND THAT MY PRACTITIONER IS REQUIRED TO TAKE PHOTOGRAPHS of the treatment area/s before and after every micropigmentation procedure and I agree to this being done. If I am a model in training I understand these pictures will be used for students & trainers portfolios and may be used in marketing methods.

I have read the above and have had the full treatment procedure and consent requirements explained to me in detail and hereby give my express consent to the treatments detailed above being performed.