

The Glam Garage Consent for Permanent Cosmetic Procedure

Client _____ DOB ___/___/___ Date of Procedure ___/___/___

Client Address _____

Permanent Cosmetic Technician: Kerry LaBrie License # 311514

Procedure _____ Area(s) Treated _____

Please read the following and initial upon completion of consultation with technician.

Initials

1. _____ I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s).
2. _____ I have received Pre and Post Procedure(s) instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. I have disclosed all medications and/or drugs I am taking either prescriptions or non-prescription and their purpose of indications.
3. _____ I understand that if I have any screen treatments, laser hair removal, plastic surgery or any other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable.
4. _____ A Follow-up procedure may be necessary once the procedure is completely healed. This is determined by age and condition of skin, and is subject to an additional charge if needed in a time frame of 4 to 12 weeks.
5. _____ A tattoo should be considered permanent, it may be removed only with a surgical procedure, any effective removal may leave scarring.
6. _____ The general nature of cosmetic tattooing, as well as, the specific procedure to be performed has been explained to me.
7. _____ I have been informed of the nature, risks and possible complications and consequences of permanent cosmetics (permanent skin pigmentation/cosmetic tattoo). I understand the permanent cosmetic procedure carries with it known and unknown complication and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistency color, and spreading, fanning or feeding of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contact lenses too soon after an **eyeliner procedure**. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and not an exact science, but an art. I request the permanent cosmetic procedure(S), and accept the permanence of the procedure, acknowledge the likelihood of fading over time, as well as the possible complications and consequences of the said procedure(s).

Please indicate if you have been diagnosed with the following:

Diabetes _____

Hemophilia _____

Epilepsy _____

Seizures _____

Fainting _____

Narcolepsy _____

Please note in detail:

1. Any condition that requires the client to take medications such as anticoagulants that thin the blood or interfere with blood clotting

2. Any other information that would aid the technician in the body art procedure process evaluation.

The technician shall not perform a body art procedure if a client fails to complete or sign the disclosure and authorization form, and the technician may decline to perform a body art procedure if the client has any identified health conditions.

I certify that I am competent adult of at least 18 years of age. I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this permanent cosmetic procedure(s) performed. I have been asked at this time whether I have any further questions about this procedure and I do not.

Client Signature _____ Date _____

Signature of Permanent Cosmetic technician _____ Date _____