



CONSENT FORM

NAME: _____ DATE OF BIRTH ____/____/____
CELL PHONE: _____

I (print name) _____ am over the age of 18, have not been under the influence of drugs or alcohol within the last 24 hours, and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

X _____ (initial)

I understand that ingesting certain medications within the last 24 hours including, but not limited to, over the counter blood thinners such as aspirin or ibuprofen may negatively affect my desired results.

X _____ (initial)

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand that permanent cosmetic procedures carry with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection (increased risk of bacterial endocarditis, especially in patrons with heart disease), allergic reaction, scarring, inconsistent color, spreading, fanning, or fading of pigments. Procedure may also cause nausea, vomiting, and fainting.

X _____ (initial)

I understand the actual color of the pigment may be modified slightly, due to the tone of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. As such, there are no guarantees. I request the permanent cosmetic procedure(s), and accept the performance of the procedure as well as the possible complications and consequences of said procedure(s).

X _____ (initial)

By signing below, I agree to the procedure(s) discussed. I accept full responsibility for the decision to have this cosmetic tattoo work performed on my body. I acknowledge that no refunds or credits will be issued for services rendered.

CLIENT SIGNATURE _____ **DATE:** _____

Office Use Only:

PROCEDURE(S): _____

RECOMMENDED NUMBER OF VISITS: _____

COST OF PROCEDURE: _____

NOTES: _____

