



Date

## Saline Lifting Consent Form

(Initials)\_\_\_\_\_I agree that I am over the age of 18, am NOT under the influence of alcohol or drugs, NOT pregnant or breastfeeding, and mentally capable of contracting in my own name.

(Initials)\_\_\_\_\_I currently have an unwanted tattoo.

(Initials)\_\_\_\_\_The unwanted tattoo is located on (area of my body): \_\_\_\_\_

(Initials)\_\_\_\_\_This area was last tattooed on (date) \_\_\_\_\_

by (name of technician/facility): \_\_\_\_\_

(Initials)\_\_\_\_\_I would like my technician to (check one):

\_\_\_\_\_Remove the tattoo if possible,

\_\_\_\_\_Partially remove the tattoo,

\_\_\_\_\_Lighten the tattoo.

(Initials)\_\_\_\_\_I understand that several treatments WILL be needed in order to attempt to achieve my desired results. I understand that results may vary per client and there are no guarantees as to the results of this treatment.

(Initials)\_\_\_\_\_I understand that the unwanted pigment/tattoo may not be successfully removed, and in rare cases that permanent scarring can result in an attempt to remove the pigment, as well as possible hyper-pigmentation, hypopigmentation, or other damage to the skin, which may be permanent.

(Initials)\_\_\_\_\_I understand that there are alternative treatments to remove/lighten pigment and I have decided to move forward with the saline removal/lightening treatment.

(Initials)\_\_\_\_\_I elect to receive this procedure from "Restorative PMU" knowing all of the benefits, risks, contraindications and potential complications and will not hold the technician nor the above named company in which I am voluntarily seeking services from liable for any damages that may occur to my skin.

(Initials)\_\_\_\_\_I agree that before/after photographs will be taken and kept in my file, as well as used for promotion and marketing materials.

(Initials)\_\_\_\_\_I agree to follow all aftercare instructions.

(Initials)\_\_\_\_\_I agree that there is a NO REFUNDS/NO EXCEPTIONS policy for this procedure and payment is required for services performed and not contingent upon results.

By signing below, you agree to the following:

I understand this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over the age of 18 or if under the age of 18, I have a parent and/or guardian signature below and that he/she consents to this procedure under these terms. I have completed this form to the best of my ability and knowledge and agree to inquire about questions I may have before "Restorative PMU" begins performing the procedure. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform my technician of any discomfort I may experience during the requested treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and "Restorative PMU" for any injury or damages incurred due to any misrepresentation of my health history.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
Name: