



Consent Forms

Name _____ DOB _____ Date _____

Address _____ Email _____

Phone _____ I am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing 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. _____

List all medications you are currently taking, including Aspirin, immunosuppressants, Retin A, Glycolic Acid and Accutane: _____

Circle any conditions you have ever had:

Asthma Tuberculosis Anaphylaxis Rheumatic/Scarlet Fever Respiratory Disease Liver disease Stomach Ulcer Hepatitis Thyroid Disturbances Autoimmune disease kidney disease, diabetes, cold, sores, a topic, dermatitis, herpes, psoriasis, keloid, scar, shingles, skin, rash, prosthetic, hip, or joint, blood disease/ circulatory, problems, blood pressure, conditions, glaucoma, AIDS or HIV, anemia/hemophilia, prolong bleeding, artificial heart valve/VASC, graft, abnormal, heart, conditions, heart, murmur, pacemaker, heart surgery, organ, transplant, psychiatric care, cancer, tumors/growth/cyst, fainting, nervous problems, narcolepsy/epilepsy, stroke, seizure

Last date of the following treatments:

Botox: _____ Filler _____ Facial _____ Laser _____ Chemo _____

List last time you ate food: _____

Please mark any allergies you have:

Latex, Epinephrine, Nickel, Antibiotic Ointment (Lacertine), Benzocaine, Lidocaine, Pigment/Dyes, Tetracaine, Novocain, Other _____

Client Refuses to disclose information listed

Client Signature

Office Use-

CLIENT PROCEDURE CARD

DOB _____ Fitzpatrick 1 2 3 4 5 6

Skin Type _____

Dry | Oily | Combination

Needle Type _____ Unbroken Skin Numbing _____

Broken Skin Numbing _____ Pigment Brand _____

Pigment Color _____ Pigment Lot # _____

Pigment Expiration Date _____

Procedure / Description Notes:



Consent Forms

Procedure(s): _____

location of procedure (circle): BROW LIP EYE AREOLA OTHER _____

I agree to (circle one): RECEIVE / WAIVE

a patch test prior to application and I agree to release AAC, LLC, and pigment manufacture(s) from any and all liability related to allergic reaction or any other reaction to applied pigments. A patch test is the process of applying pigment to the skin in the hairline to test for an abnormal reaction. If a patch test is requested, your appointment will be delayed 8 days to allow for reaction results.

If waived, I release the student & AAC from liability if I develop an allergic reaction to the pigment.

- I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation.
- Understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments.
- Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure.
- 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 therefore not an exact science, but an art.
- I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).
- There is a possibility of an allergic reaction to pigments.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or 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.
- I acknowledge that the health conditions listed may increase health risk associated with receiving a body art procedure
- I have received pre- and post-procedure 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.
- If I am on any medication for depression or any other mood altering prescription, I will advise my technician.
- If I have ever had cold sores or any condition listed above, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedures.
- I understand that as a model students will be performing all services under the supervision of an instructor. I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read the above paragraphs and have had explained to my
- I accept full responsibility for the decision to have this cosmetic tattoo work done.

CLIENT Signature:



Consent Forms

Please Initial:

Thereby authorize Darling Derma Ink to take photographs of the work performed both before and after treatment, and

I further authorize the use of said photographs to be used for the purpose of advertising.

I hereby authorize Darling Derma Ink to take photographs of the work performed both before and after treatment to be maintained only on file.

I have informed Darling Derma Ink that I am in good health and not under the care of any physician.

I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

I understand that there may be known and unknown risks and hazards related to the performance of the

procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

I acknowledge the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment;

I understand that allergic reactions to pigment are very rare, however, they can and do occur and when

they occur, they can be serious and especially difficult and very troublesome to treat.

I have been told that this procedure will involve pain and discomfort.

I understand the markings are permanent and that there is a possibility of hyperpigmentation resulting

from the procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.

I understand that a follow up procedure may be required.

Follow up procedures are to be used within 8 weeks of initial appointment. Cancellation of follow up's must be done within 48 hours of procedure in order to not incur fees. If follow appointment is either cancelled, I become a no show, or I take my appointment after 8 weeks of initial procedure, I acknowledge that the follow up appointment is no longer considered "included in initial fee," but is now a fee of \$95 paid at the time of procedure.

I understand that there is a chance that I may experience a corneal abrasion (eyeliner procedures).

Signature _____

Date _____



Consent Forms

Please Initial:

Other risks involved with the procedure may include, but not limited to: infections, allergic and other reaction(s) to applied pigments, allergic and other reaction (s) to products applied during and after the procedure, fanning or spreading of pigment (pigment migration), fading of color and other unknown risks.

I accept full responsibility for any and all, present and future, medical treatments) and expenses I may incur in the event I need to seek treatments) for any known or unknown reason associated with the procedure planned for me.

I acknowledge the procedure(s) to be performed and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

I understand that this is a cosmetic tattoo and with time pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and use of chemicals such as Retin-A and Glycolic acids. Touch-up maintenance work will be expected in the future to keep it looking fresh.

I understand that there is No Refund policy on permanent makeup. For some reason, if my pigment does

not stay or needs more touchups, I agree to contact Darling Derma Ink for further discussions on additional applications. However, I am fully aware that Refunds will not be received.

Payment is rendered upon completion of the session. In the unlikely event of a dispute, I agree to arbitration.

I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Darling Derma Ink: and I further agree that any controversy or claim arising out of or relating to the consent and/or any signed contract between myself and Darling Derma Ink or the breach thereof, shall be settled by arbitration in the state of Georgia in accordance with Rules of the American Arbitration Association and judgment of the award rendered by the arbitrators) may be entered in any court having jurisdiction thereof.

I understand that if I have an infection, adverse reaction or allergic reaction the procedure I must notify Darling Derma Ink, a health care practitioner, Georgia Department of Health, Drugs and Medical Devices Division 1888-839-6676.

I had the ability to ask questions about the procedure

I certify that I am doing this procedure voluntarily with my own free will and volition

I certify that I have thoroughly read this form and or it has been read to me. I understand its contents.

Permanent makeup will appear extremely intense and thick immediately after the procedure. The color will not even look right the first few days. Other factors are added to the permanent makeup pigment bottles to counteract the undertones of facial skin. Browns can look orangish-brown, blonde brows may look too yellow, lip colors are shocking! Some colors initially look too bright and others look too dark. But don't worry - it changes. Excess pigment sheds off over the next 2-3 days, and then the skin starts healing over. A layer of healed skin on top of the pigment masks and tones it down considerably. As swelling goes down the lines will be thinner. On about the fourth day you are close to looking normal and no one notices anything. Colors will continue to soften over the next few weeks. It will look very natural in 1-2 months.

Signature _____

Date _____



Consent Forms

Please Initial:

I understand treated area will flake

When applying ointment pigment will come off on the Q-tip

I acknowledge after the first procedure permanent makeup will appear to be thinner

Everyone's body chemistry is different. Depending on anti-aging products used, sun exposure, smoking habits, prescription medication, skin texture, skin complexion, and or immune system some pigments may fade more than others. If your permanent makeup fades, lightens, and or is nonexistent please do not panic. You have a touchup and at this touchup, modifications can be made to adjust the procedure to your situation.

Please note ****Permanent Makeup is at least a 2-step process. Therefore, loss of pigment is normal in some individuals.

If you are having a permanent lip color procedure and you have ever had a cold sore you may have another outbreak. It is important that if you are prone to cold sores you take Valtrex at least 3 days before your appointment and another 3 days after. Keep in mind over 70% of the US is infected with the Cold Sore Virus so you may have the virus in your system and are unaware.

The final healed result is at about 1-2 months.

UNDER NO CIRCUMSTANCE WILL YOU BE ALLOWED TO GET A TOUCHUP BEFORE THIS TIME. If a touchup is needed, it is not done any sooner than 1 month after the first procedure. Performing a touchup too early could cause scarring and permanent damage to the treated area.

I understand that I must follow Post Procedure Instructions. Post Procedure & Aftercare will be given to each client at the end of each procedure.

I have read and understand the contents of each item below. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s). I was of sound mind and capable of making independent decisions for myself and that no one has coerced me into making this decision. I also agree not to hold neither Darling Derma Ink, Anita Darling and or AAC or anyone who may be assisting her liable for any reactions, outcomes, or occurrences that may or may not result from having this procedure(s).

Signature _____

Date _____