



**MODEL CONSENT FORM FOR APPLICATION
OF PERMANENT MAKEUP PROCEDURE**
MASSACHUSETTS ACADEMY OF BEAUTIOLOGY

Marlete Rocha-Tringale

Full Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Best Phone to Reach You: (____) ____-____

I am over the age of 18, and consent to be a model for trainee/trainees, under the direct supervision of a certified trainer, for the purpose of learning the following procedure/procedures (CHECK ALL THAT APPLY TO THE PROCEDURE YOU HAVE CHOSEN TO MODEL)

<input type="checkbox"/> EYEBROWS	<input type="checkbox"/> AREOLA
<input type="checkbox"/> MICROBLADING	<input type="checkbox"/> SCAR CAMOFLAGE
<input type="checkbox"/> EYELINER	<input type="checkbox"/> VITILIGO
<input type="checkbox"/> LIP COLOR	<input type="checkbox"/> SCALP PIGMENTATION

PAYMENT AND FOLLOW UPS CONSENT

ATTENTION: All models must make a payment of \$100 in order to secure a spot. This payment can be made through Venmo, PayPal, or Credit Card. If payment is being made through Credit Card, please call us at (508) 577-7697. If you would like to add another procedure on top of the one you are already receiving, it is an additional \$50.

Regarding Follow Ups and Continued Sessions:

Follow Up Eyebrow Microblading:

-\$250 with Marlete Tringale

-\$100 with Original Student

Scalp Continued sessions (5 to 10):

-\$150 with Marlete Tringale

-\$100 with Original Student

By signing bellow I hereby acknowledge, understand and agree to pay the discussed amount as well as to be in charge of scheduling my follow ups and continued sessions.

Print Full Name

Date

Model Signature

Date

GENERAL AND MEDICAL CONSENT FORM

(Please write your initials at the line next to the number after you clearly understand each statement)

1. ____ The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me and I have read and signed an Informed Consent that explains and describes the benefits and any possible complications and contraindications.

2. ____ I understand the taking of before and after photographs of said procedure(s) are required

3. ____ I am allowing my Trainee/Trainees to use a photo of only the area of the procedure performed for their education and to build their portfolio. This portfolio may include social media. Your identity is not obvious with close-up photos. For instance, this would be a close-up photo of your eyebrows, your eyeliner, your lips, your areola, your area of scar camouflage, etc.

4. ____ I am allowing my Trainee/Trainees to photograph a larger area or a full face for a better representation of their work and for their portfolio. This portfolio may include social media.

5. ____ I certify I have read the above paragraphs and have had explained to my full understanding this consent and procedure permit and I will not hold New Reflections, MAB or Trainee(s) responsible for any unforeseen condition arising out of the indicated permanent cosmetic procedure.

SECTION 1: Health Questionnaire - To avoid unforeseen complications, please answer the following questions. To perform any micro-pigmentation technique in a safe manner, please answer the following health questions truthfully. We will keep all information disclosed in a confidential manner and will use it only for purposes of determining whether to perform the procedure. Do you suffer from the following diseases or are you taking any of these medications?

CHECK ALL THAT APPLY	YES	NO
I am a minor under 18 years old? If yes we need guardians consent.		
Do you have hypo-pigmentation?		
Do you have hyper-pigmentation?		
Do you have excessive bleeding problems?		
Have you ever had any semi-permanent makeup procedures before?		
Is there any history of skin diseases or remarkable skin sensitivities?		
Do you have a pacemaker? Or cardiovascular problems?		
Do you have problems with healing?		
Have you consumed drugs or alcohol in the last 24 hours?		
Do you have Thyroid problems?		
Do you have high blood pressure?		
Hemophilia		
Glaucoma		
Asthma		
Ocular Herpes		
Diabetes mellitus (diabetes)		
Kidney Disease		
Hepatitis A, B, C, D, E, G		
Angina or chest pains		

Psoriasis		
HIV +		
Skin diseases/disorders		
Have you had Accutane treatments?		
Dry Eyes		
Keloid or hypertrophy scars?		
Are you allergic to makeup?		
Eczema		
Are you allergic to any metal? Or other allergy? Please, explain.		
Autoimmune diseases		
Do you have a history of cold sores, herpes or fever blisters? For lips procedure, if yes you need to take anti-viral.		
Infectious diseases / high fever		
Epilepsy		
Are you required to take antibiotics during dental or invasive medical procedure?		
Are you pregnant or nursing?		
Are you currently undergoing radiation, chemotherapy or any other cancer treatment?		
Have you had a chemical peel or laser? If yes, when?		
Are you allergic to topical antibiotic preparations or desensitizers?		
Are you taking medication for blood thinning (anticoagulants)?		
Have you had any aspirin or blood thinners in the past week?		
Any mood altering drugs within the last 8 hours?		
Are you sensitive/allergic to latex?		
Did you in the last 14 days undergo surgery, in which you were exposed to radiation, or any other medical interventions?		
Are you currently using any Retin-A or alpha-hydroxyl skin care products?		
Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?		
Are you on any immunosuppressive medications such anti-inflammatories or steroids?		
Are you currently taking any vitamins a or e in any form?		
Do you wear contact lenses? If yes I understand. They must be removed during the eyeliner procedure and should not be replaced at least for 48 hours.		
Are you allergic to lidocaine, tetracaine, epinephrine, hydrochloride or benzocaine?		

List all medications, both prescription and over the counter, that you are currently taking:

List any other medical conditions, if any, or issues not addressed above:

Contraindications - You are not a candidate for micropigmentation if any of the following apply to you: *(Please circle all that apply)*

- Pregnancy •Nursing •Diabetes Type 1 •Lupus •Hepatitis B/C •AIDS • Active Skin Disorders: Cold Sores, Shingles, Impetigo, Psoriasis, Pink Eye, Sun Burn, Severe acne, Active Vitiligo, Severe Rosacea, • Blood Disorders: Sickle Cell, Hemophilia • Keloid Formation • Mental Disorder

Restrictions:

- Accutane (must be off for 12months)
- Steroids (must be off for 12 months)
- Retinol/Retin-A must be discontinued 14 days prior to procedure. (It will cause the skin to bleed).
- Injections (Botox, Radiesse, JuvaDerm, Voluma, etc.) must be done 3 weeks before or 3 weeks
- Chemical peels and laser treatments may not be done within 60 days before or after procedure.
- The use of Latisse® must be discontinued *at least* 3 months prior to your eyeliner procedure.
- Sunburn or Suntanning can damage skin and therefore compromise the procedure.

By signing below, I acknowledge, understand and agree that:

The staff at New Reflections, MAB and students do not practice medicine, does not accept health insurance, and have made no representation to the contrary; The information provided on this form is accurate and complete to the best of my knowledge, and that New Reflections, MAB and students is not responsible for complications or problems arising from any incorrect or omitted information; Some individuals will have complications related to Permanent make / semi-permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. I accept these risks and agree to hold New Reflections/MAB, students and its employees and contractors harmless for same; The staff at New Reflections, MAB will use the information provided above to assess my suitability for the proposed micropigmentation services. The Instructor Marlete Tringale will supervise all procedures. A recovery fee nonrefundable will be charged with the price of \$150. For any extra procedure only \$50 will be charged. For procedure that requires a follow up, a fee of \$200 will be charged and the Instructor Marlete Tringale will do the follow up.

Model Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

Instructor signature: _____ Date: _____

Marlete Rocha-Tringale

AAM Board Certified Instructor
Founder & CEO