



**PERSONAL MEDICAL FORMS**  
**CONSENT AND LIABILITY RELEASE FOR MICROPIGMENTATION**

Lips / Eyeliner / Scalp / Areola / Camouflage / Eyebrow / Tattoo

The following confidential medical information will be property of New Reflections/Marlete Tringale. This is required for the benefit and safety of the client in obtaining any and all procedures performed at New Reflections Permanent Makeup.

Please read and fill out the information carefully. We hope your experience will be a pleasant one and we thank you for your cooperation:

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Occupation (Job Description): \_\_\_\_\_ (It is important for the "After Care" instructions)

Phone (cell): \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

**We will contact you if necessary regarding procedure.**

How did you hear about us? (Circle) Google / Facebook / Instagram / Yelp / Referral (name) / Other

Primary Physician's Name: \_\_\_\_\_

Primary Physician's Phone Number: \_\_\_\_\_

Are you currently under the care of a doctor specialist? Yes / No

If yes, why? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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?

**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)		
Stroke		
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 ant-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:

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

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**Contradictions - You are not a candidate for micropigmentation if any of the following apply to you:**

- 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 for 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 after.
- 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.
- Sunburned or Suntanned can damage skin and therefore compromise the procedure.
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*By signing below, I acknowledge, understand and agree that:*

The staff at New Reflections do not practice medicine, does not accept health insurance, and has 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 is not responsible for complications or problems arising from any incorrect or omitted information; Some individuals will have complications related to Permanent makeup/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 and its employees and contractors harmless for it; the staff at New Reflections will use the information provided above to assess my suitability for the proposed micropigmentation services.

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**Client Signature (or Guardian if under 18 years of age)**

**Date**

## **SECTION 2: ACKNOWLEDGMENTS AND AGREEMENTS**

### **Micropigmentation (Permanent Makeup/Semi-Permanent Makeup) Informed Consent**

The nature and method of the proposed semi-permanent makeup (cosmetic tattoo) procedure has been explained to me, as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand that there may be a certain amount of discomfort or pain associated with the procedure and that other possible adverse side effects may include but not limited to: minor and temporary bleeding, bruising, redness or other discoloration and/or swelling, pigment migration. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem(if prone to herpes speak with you PC about antiviral). Fading or loss of pigment may occur. Secondary infection in the area of the procedure is rare if properly cared for, but may occasionally occur. Very rare but possible for your body to reject pigments resulting in have to do a touch up more often. I have agreed to have micro-pigmentation procedure by Marlete Tringale at New Reflections and or other technician practitioner, in which a practitioner will apply semi permanent or permanent makeup to my Eyebrows, Eyeliner, Lips, Areola, Scalp or other parts of my body.

By signing this form, I specifically acknowledge that I have been advised of the facts and matters set bellow, and I agree as follows:

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**Client Signature (or guardian if under 18 years of age)**

**Date**

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

1. \_\_\_\_\_ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or process used in the procedure; and I agree to accept the risk that such reaction is possible. It is my responsibility to advise the practitioner artist of any concerns I may have before the procedure, even though I may have written it down in this Release.

2. \_\_\_\_\_ I acknowledge that complications as a result of semi-permanent makeup procedures may occur, particularly in the event that the post-procedural instructions are not followed, and accept full responsibility for such complications.

3. \_\_\_\_\_ I realize that my body is unique and neither New Reflections nor its employees or contractors can predict how my skin may react as a result of the procedure. No warranty or guarantee has been made to me as a result of this technique, and that the final result cannot be guaranteed.

4. \_\_\_\_\_ I have previously had micropigmentation performed by someone other than New Reflections on the same area (brows, lips, etc.) that I am asking New Reflections to work on today

\_\_\_\_ YES \_\_\_\_ NO

4. \_\_\_\_\_ IF YES, I understand that correcting or touching up micropigmentation that was performed by others involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which New Reflections has no control. I understand that additional appointments after the initial and follow up appointments may be required, and will be billed at New Reflections's standard rates. I understand that New Reflections cannot predict the results in advance and can not guarantee and has not represented that the results will be as I desire. I understand and fully accept the risks associated with this procedure and hold New Reflections harmless from it.

5. \_\_\_\_\_ I acknowledge that the procedure may result in a long lasting (many years) change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.

6. \_\_\_\_\_ I understand that future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my semi-permanent makeup, and that I must inform any future service provider that I have had micropigmentation applied. I understand and accept that such changes are not the fault of New Reflections or its employees or contractors. I further understand that such changes or degradation in my appearance may not be correctable through further semi-permanent makeup procedures.

7. \_\_\_\_\_ I consent to the admittance of authorized observers to the procedure(s) for the purpose of education or assistance.

8. \_\_\_\_\_ I acknowledge that obtaining the semi-permanent makeup is my choice alone, and I consent to the procedure and to its attendant risks, and to any actions or conduct of New Reflections and its employees and contractors reasonably necessary to perform the procedure.

9. \_\_\_\_\_ I understand that I will have the opportunity, within the time constraints of my appointment, to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility for it.

10. \_\_\_\_\_ I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of New Reflections.

11. \_\_\_\_\_ I consent to New Reflections using “before & after” photos of me as ( ) whole face or ( ) procedure area only, for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting New Reflections, which will then discontinue use of said photo(s). I permit, authorize, Marlete Tringale and New Reflections and their employees, officers, directors, and agents of each and all of them ("Authorized Persons"), to take before and after pictures and to display, for publicity, advertising, and marketing purposes, and for any purpose they deem reasonably appropriate, without further consent from or royalty, payment, or other compensation to me. I agree that all right, title and interest in and to all such Materials is the exclusive property of the Authorized Persons. I understand that the Authorized Persons may keep or use the Materials now and in the future. I understand that although the Authorized Persons will endeavor to use my image, likeness, and appearance in

In accordance with standards of good judgment, they cannot warrant or guarantee that any further dissemination of my image, likeness, and appearance will be subject to their supervision or control. Accordingly, I release the Authorized Persons from all liability or responsibility that may arise from the acts that I have authorized or consented to in this Section.

12. \_\_\_\_\_ I have been given the full opportunity to ask any and all questions which I might have about obtaining semi- permanent cosmetic procedures from a micropigmentation specialist at new Reflections, and that all of my questions have been answered to my full and total satisfaction.

13. \_\_\_\_\_ I have received a copy of the Aftercare Instructions.

14. \_\_\_\_\_ I am fully aware that all of my procedures will be performed by a licensed technician. I hereby agree to waive and release to the fullest extent permitted by law the technician, and NEW REFLECTIONS PERMANENT MAKEUP and associates from ALL liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors, or assigned may have for personal injury or otherwise, including and direct and/or consequential damages which result or arise from the application of my Permanent Cosmetic tattoo.

15. \_\_\_\_\_ I agree to reimburse each the technician, and NEW REFLECTIONS PERMANENT MAKEUP for any attorneys’ fees and costs incurred in any legal action I bring against either the technician or NEW REFLECTIONS PERMANENT MAKEUP in which either the technician or NEW REFLECTIONS PERMANENT MAKEUP is the prevailing party. I agree that the courts of Massachusetts, in Plymouth County, shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

16. \_\_\_\_\_ I consent to the application of the procedure and understand its attendant risks, and to any actions or conduct of the technician and NEW REFLECTIONS PERMANENT MAKEUP or any of the technicians associates reasonably necessary to perform the procedure(s). I have reviewed and understand all the information given to me. I understand this is a contract and that I have received no warranties or guarantees with any of my procedures.). 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.

I have read and understand the contents of each statement above. 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 I am of sound mind and capable of making independent decisions for myself. New Reflections and its owners, managers, employees and affiliates from any and all claims, damages or legal actions arising from or connected in any way with my micropigmentation, or the procedure and conduct used in my performing my tattoo, to the fullest extent allowed by the law.

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**Your Name (Please Print Legibly)**

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**Date**

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**Client Signature (or Guardian if under the age of 18)**

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**Date**

### **SECTION 3: RISKS AND SYMPTOMS**

*I acknowledge and accept the following:*

1. During the treatment, despite all precautionary measures, injury is possible.
2. Despite application of the most advanced and top quality pigments, an allergic reaction is possible.
3. Any skin treatment applying semi permanent or permanent makeup carries with it a possible adverse change that may not be correctable.
4. During and after the treatment, temporary pain, infection, scarring, swelling, redness and/or itching may occur.
5. Depending on the skin structure, after the first treatment small scabs with a loss of drawn hairs may occur and color intensity may change. Generally, eyebrows are up to 40% darker and 10-15% thicker in the first seven days. Color i.e. color reflection depends on the natural skin pigment. The

shape of the eyebrows is determined according to my face proportions. *I understand that symmetry is determined digitally, with closed eyes because of the negative impact of facial expression.*

6. The pigment is absorbed differently due to differences in the skin quality, and therefore there maybe inconsistent color, spreading, or fanning of pigments.

7. Depending on the skin structure, change in the color intensity is possible and one or more additional treatments will be required. The first correction is done four weeks after the treatment. For extremely oily skin or not regulated thyroid functions it may be necessary to perform more corrections.

8. The minimum or maximum duration of eyebrow drawing cannot be determined with certainty.

9. Application of semi permanent or permanent makeup leads to skin injury and it is important to carefully and gently nurture the skin after the treatment to allow for healing without complications. Inadequate care in the healing phase of the skin can lead to poor results. I will therefore strictly adhere to the Aftercare Instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. Marlete Tringale and New Reflections will not be liable for my failure to follow the Aftercare Instructions. I will not use any other type of creams except the ones provided to me to prevent possible infections, allergic reactions and others complications. In the first 10 days (or more if healing is not complete) after the procedure, I will avoid swimming, sunbathing, tanning salons, saunas, beauty treatments, training or other sports or physical activity accompanied by sweating, and contact with dust (e.g. household chores).

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**Your Name (Please Print Legibly)**

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**Date**

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**Client Signature (or Guardian if under the age of 18)**

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**Date**

#### **SECTION 4: GENERAL RELEASE AND WAIVER**

I recognize and acknowledge that there are certain risks of personal injury or personal damage related to the procedure, and I voluntarily agree to fully assume all of these risks, regardless of severity, that I may sustain as a result of the procedure in any and all activities connected with or associated with the application of semi permanent or permanent makeup procedure, including, but not limited to, injuries, damages and losses arising out of unpredictable consequences, tort, contract, products, or any other theory of recovery.

I, for myself and my heirs, assigns, personal representatives, and next of kin, expressly waive and release any and all claims, now known or hereafter known, against Marlete Tringale and New Reflections and their employees, officers, directors, and agents of each and all of them (collectively, "Releases"), on account of personal injury or property damage arising out of or attributable to the



procedure, whether arising out of unpredictable consequences of any Releases or otherwise. I covenant not to make or bring any such claim against any Release, and forever release and discharge all Releases from liability under such claims. All matters arising out of or relating to this waiver and release shall be governed by and construed in accordance with the internal laws of the State of Massachusetts without giving effect to any choice or conflict of law provision or rule (whether of the State of MA or any other jurisdiction). Any claim or cause of action arising under this waiver and release may be brought only in the federal and state courts located in Plymouth County, State of MA and I consent to the exclusive jurisdiction of such courts. I understand that this waiver and release is intended to be as broad and inclusive as permitted by law and that if any portion here of is held invalid, I agree that the balance shall continue in full legal force and effect. I further agree that if this waiver and release is not valid as such in the State of MA, it shall be construed as a covenant not to sue.

I have reviewed and understand all the information given to me. I understand this is a contract and that I have received no warranties or guarantees with any of my procedures.). 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.

I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY.

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**Your Name (Please Print Legibly)**

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**Date**

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**Client Signature (or Guardian if under the age of 18)**

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**Date**

**To be completed by Technician.**

**OFFICAL FORMULA RECORDS TO BE HELD BY PROFESSIONAL**

Client: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Price Charged: \_\_\_\_\_

Specific type of procedure: \_\_\_\_\_

Type of pigment used: \_\_\_\_\_

Color Chosen: \_\_\_\_\_

Needle size: \_\_\_\_\_

Type of topical: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

**Follow up**

Date: \_\_\_\_\_  
Price: \_\_\_\_\_  
Color: \_\_\_\_\_  
Needle: \_\_\_\_\_

**Touch up**

Date: \_\_\_\_\_  
Price: \_\_\_\_\_  
Color: \_\_\_\_\_  
Needle: \_\_\_\_\_

**Touch up**

Date: \_\_\_\_\_  
Price: \_\_\_\_\_  
Color: \_\_\_\_\_  
Needle: \_\_\_\_\_

**Touch up**

Date: \_\_\_\_\_  
Price: \_\_\_\_\_  
Color: \_\_\_\_\_  
Needle: \_\_\_\_\_

**Touch up**

Date: \_\_\_\_\_  
Price: \_\_\_\_\_  
Color: \_\_\_\_\_  
Needle: \_\_\_\_\_