

Scalp Micro Arts
2426 Hamburg Turnpike
Wayne, NJ 07470
908.477.9975
info@scalpmicroarts.com
www.scalpmicroarts.com



INFORMED CONSENT FOR SMP PROCEDURE

_____ I absolutely understand and accept that such a procedure is a process, often requiring multiple applications of color to achieve desirable results and that 100% success cannot be guaranteed. The number of sessions required are determined by Scalp Micro Arts/Taida Sotelo.

_____ I have received, reviewed and understand the pre/post-procedural instructions as given to me and agree to follow them. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness or other discoloration; swelling; and/or fading or loss of pigment.

_____ I accept responsibility for determining the shape & position of the SMP, hairline, & pigment color.

_____ I understand that positioning of my procedures can be affected if I elect cosmetic surgery, Botox, or Restalyne. I acknowledge that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent makeup dark or even black and I assume this responsibility.

_____ I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. I agree to inform my esthetician or anyone operating as such that I have permanent makeup.

_____ I understand that this procedure may fade and this fading can alter the original pigment color and that this determines that it is time for a touch-up visit for an additional cost.

_____ I realize this is an elective cosmetic procedure and is not medically necessary.

_____ I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner.

_____ I am aware that if an infection occurs after I have received permanent cosmetics to see with my primary physician or an emergency room **immediately**. I give my consent to **Scalp Micro Arts** to confer with my physicians for medical information if required for the safety of my procedures.

_____ I understand that this procedure is a permanent change to my skin and body. I understand that this treatment is not a replacement for surgical or medical procedures and that there are no guarantees, implied or otherwise, as to the results or benefits that I may obtain from the treatment. I also understand that optimal results may not be obtained even if all procedures are completed and followed correctly. I acknowledge that the studio does not offer refunds.

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ACCEPTANCE:

SCALP MICRO ARTS & ARTIST/TAIDA SOTELO MAKES NO CLAIMS OR ATTEMPTS TO PRACTICE MEDICINE. I HAVE READ & UNDERSTAND THESE RISKS LISTED ABOVE & THEY HAVE BEEN EXPLAINED TO ME. I CERTIFY THAT THE INFORMATION I PROVIDED IS ACCURATE & ALL OF MY QUESTIONS HAVE BEEN ANSWERED. SOME INDIVIDUALS WILL HAVE COMPLICATIONS RELATED TO PERMANENT MAKE-UP APPLICATIONS. THESE CONDITIONS ARE USUALLY MILD AND LAST ONLY A FEW DAYS, HOWEVER EXTREME COMPLICATIONS ARE ALWAYS POSSIBLE. I AFFIRM THAT ALL OF THE THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AS TO MY MEDICAL STATUS AND HISTORY. I ACCEPT RESPONSIBILITY FOR ANY COMPLICATIONS OR NEGATIVE RESULTS THAT MAY OCCUR.

Signature of Client: _____

Date Signed: __/__/__

Signature of Practitioner: _____

Date Signed: __/__/__

Photograph and Publicity Consent

I, _____, give my permission to use my likeness, image, and/or appearance as such may be embodied in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of **Scalp Micro Arts**. I agree that **Scalp Micro Arts** has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the **Scalp Micro Arts** mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release **Scalp Micro Arts** and its agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release. I give my consent to **Scalp Micro Arts** to use my likeness to promote the company, and/or their activities.

Signature

Date

Print Name