

THE INK BOX

Permanent Makeup Procedure

INFORMED CONSENT, MEDICAL HISTORY & RELEASE FORM

Client Name: _____

Address/City/State/Zip: _____

Email: _____

Age (must be at least 18): _____

Phone#: _____

Date: _____

What procedure(s) are you having done today?

How did you hear about TheInkBox.co?

Instagram ___ YouTube ___ TikTok ___ Google ___ Yelp ___ Twitter ___ Friend(s) ___ Website ___ Other ___

Risks | Hazards

You have the right to be informed so that you may make the decision whether or not to undergo the procedure(s) after knowing the risks and hazards involved. Please read the statements below and type your Initials before each one to indicate you understand them completely. It is your responsibility to inform the technician of all possible concerns before they begin your procedure.

___ I understand permanent makeup is a form of tattoo that requires Implantation of pigment into my skin using a needle.

___ I understand there may be risks and hazards related to the performance of this procedure, including but not limited to: allergic reaction to the pigment and/or other products that will be used, dizziness, bleeding, bruising, swelling, scarring and infection.

___ I understand that it is my responsibility to advise my technician of **any** concerns I may have before they begin the procedure, even though I may not have written them down on this form.

___ I understand there is a **no refund** policy and no warranty or guarantee has been made to me as a result of this procedure. Although my technician will do their best to make sure I am happy with the result, the final result cannot be guaranteed.

___ I understand that tattoo inks/dyes/pigments have not been approved by the Federal Food and Drug Administration (FDA), and that the health consequences of using these products are unknown.

___ I understand some permanent makeup pigment can only be removed with a surgical

procedure, and any effective removal may leave permanent scarring or disfigurement. Also, under rare circumstances, misplacement of the permanent makeup pigment can occur, requiring excision of the misplaced permanent makeup pigment. In extremely rare cases, there may be permanent loss of eyelashes.

___ I will receive aftercare instructions and will ask questions if I do not understand them. Further, I agree to follow all instructions concerning care of my procedure.

___ I have been informed that I am required to come back for a touch up appointment within 4 to 6 weeks after the initial procedure.

___ I understand that I will pay a fee for the annual or subsequent touch ups.

___ I consent to have photos and/or videos of the procedure area to be taken and possibly posted online/ social media.

___ I declare that I am not currently under the influence of alcohol or drugs or any other substances. legal or otherwise.

Medical History			
Are you currently under medical care?	Yes		No
Have you had Botox/Dysport or any fillers in the last two weeks?	Yes		No
Are you pregnant or trying?	Yes		No
Do you have any allergies?	Yes		No If yes:___
Prone to cold sores?	Yes		No
Are you a hemophiliac?	Yes		No
Do you have diabetes?	Yes		No
Do you have any heart conditions?	Yes		No
Do you have high or low blood pressure?	Yes		No
Do you have Hepatitis A, B or C?	Yes		No
Are you HIV positive?	Yes		No
Do you wear contact lens?	Yes		No
Do you have cataracts?	Yes		No
Are you photosensitive?	Yes		No
Do you have epilepsy?	Yes		No
Do you have any contagious diseases?	Yes		No If yes:___
Do you have any skin conditions?	Yes		No If yes:___
Do you have or have you recovered from cancer?		Yes	No
Have you been under the influence of drugs or alcohol in past 24 hours?		Yes	No
Have you had any cosmetic injections in the last 3 months?	Yes		No If yes:___
Currently taking any pain medication over-the-counter or prescribed?	Yes		No List:___
Have you had any caffeine in the last 24 hours?	Yes		No
Are you currently taking immunosuppressants?	Yes		No
Are you currently taking Acutane?			
Are you currently using Retin-A or rapid exfoliators?			

Do you have asthma?				
Do you take fish oil or blood thinners?				

Skin Type | Facial Analysis

Describe your skin type: Dry Oily Combo

Describe your skin thickness: Normal Thin Thick

Do you have:

Are you prone or do you currently have:

Scar Tissue?

Keloid?

Concave Scarring?

Acne?

Rosacea?

Hyperpigmentation?

Prior Permanent Cosmetics?

Is there any other information you feel you should provide to your Technician?

If yes, please elaborate and discuss prior to procedure :

I, _____, certify that this Informed Consent, Medical History and Release Agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge. I also certify that I have been fully informed of the risks of tattooing/permanent makeup application, including but not limited to: infection, scarring, difficulties in detecting melanoma, and allergic reactions to permanent makeup/tattoo pigment, latex gloves, and other products used. Having been informed of the potential risks associated with getting the permanent makeup/tattoo, I still wish to proceed with application and I assume any and all risks that may arise from the procedure.


I also certify that I take full responsibility and waive any claims against Elite Permanent Makeup and/or my Technician to the fullest extent permitted by law from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the application/implantation of permanent makeup pigment for eyeliner, eyebrows, lips, repigmentation, camouflage or otherwise, whether caused by the negligence or fault of either the Technician, The Ink Box (TheInkBox.co) or otherwise.

The medical history information I have provided above is complete and true to the best of my knowledge.

Client's Signature _____

Date _____



					
TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
Light, Pale White	White, Fair	Medium, White to Olive	Olive, Moderate Brown	Brown, Dark Brown	Black, Very Dark Brown to Black
Always burns, never tans.	Usually burns, tans with difficulty.	Burns mildly, tans gradually.	Rarely Burns, tans with ease.	Very rarely burns, tans easily.	Never burns, tans very easily.

Technician:
<p>Tech Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Client has answered all questions and has signed the Consent Form? _____</p> <p>Machine Used: _____</p> <p>Pigment(s) Used Lot# Expiration Date(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other Notes:</p> <p>_____</p>



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