

THE INK BOX

Consent Form | ID Capture

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 ___

Please Take a Picture of the Front of your ID:*

Click to select image

Please Take A Selfie Picture:*

Click to select image

List all other illnesses / allergies or concerns here:

I am the person on the legal ID I have presented as a proof that I am at least 18 years of age.*

I am not under the influence of alcohol or drugs or any other substances, legal, or otherwise.*

Check this box if you are NOT pregnant or nursing.

I have NOT had Botox/Dysport or any fillers in the procedure area in the last two weeks.*

I understand permanent makeup is a form of tattoo that requires implantation of pigment into the skin.*

I understand some permanent makeup pigment can only be removed with a laser or saline. Removal may be expensive and leave scars.*

I understand it is my responsibility to advise my artist of any concerns I have before the procedure.*

I understand the final result depends on how I follow the aftercare, skin type, lifestyle, and coming for touch ups. I will follow the aftercare instructions given to me at the end of my procedure.*

I understand there is a no refund policy and no guarantee has been made as a result of this procedure.*

I consent to have photos/videos of the procedure taken to comply with insurance requirements.*

I consent to having photos/videos of me/my procedure posted online or used for educational purposes.

I understand that tattoo ink, dyes and pigments have not been approved by the FDA and the health consequences of using these products are unknown.*

Given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure. By checking this box, I acknowledge and assume the risk and I give my permission for the technician to proceed.*

I fully understand the questions, terms, and conditions of this consent form.*

Please Enter Date*(MM/DD/YYYY)

Set Today

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.*

Click to sign



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