

Consent and release agreement for permanent cosmetic procedure

- NAME: _____ - D.O.B.: ____/____/____
 - ADDRESS: _____
 - EMAIL: _____
 - EMERGENCY CONTACT: _____ -PHONE: _____

AGREEMENT

1. Description of the procedure:

- This procedure will implant permanent color to the eyebrows, eyeliner, lips or other desired areas using pre-sterilized, 100% disposable SofTap Hand Tools. These tools are made of plastic with surgical stainless steel needles on the end. They are used to gently tap permanent cosmetic pigment into the skin.

2. What to expect from this procedure:

- There may be minor swelling and or irritation following this procedure. With proper care, healing should take place within 5-10 days, depending on the individual. See below for risks, the possibility of medical complications, and post treatment instructions.

3. Acknowledgement of the risks or complications associated with the permanent cosmetic tattoo procedure:

(PLEASE INITIAL)

A. (_____)

- The client has been informed of the possible dangers that may occur as a result of having a permanent cosmetic tattoo procedure. Client acknowledges that those dangers may include eye injury from the permanent cosmetic eyeliner procedure, allergies from pigment used in the procedure(s), fever blisters or cold sores from the permanent lip procedure, swelling, bruising (although rare), temporary minor bleeding, redness or pinkness, and soreness. Client understands that permanent cosmetic tattoo procedure may permanently alter the appearance of face.

B. (_____)

- Now, the client has been fully advised of all inherent risks, dangers, and complications which may arise from the procedure, voluntarily assumes all and any risks, dangers, or complications which may arise as a result of a cosmetic procedure. to help minimize any risks, client will answer Yes or No to the following conditions in order to describe if they have any of the following medical conditions.

C. (_____)

- Client agrees that in the event that in the event client prevails in a judgement against cosmetic tattoo technician, the client agrees that they all not be entitled to a settlement that exceeds the amount paid for the treatment performed by technician.

D. (_____)

- Client acknowledges receipt of pre-procedure information and post-op care instructions, has read them, has been verbally told them, understands them, and agrees to adhere to them in order to help prevent infection.

E. (_____)

- Client understands that 4-week follow-up is required. Failure to do so may result in an unfinished look.

CONSENT TO PERMANENT COSMETIC PROCEDURE

Client fully and voluntarily consents to have Jen Epstein perform the permanent cosmetic procedure(s) and is fully aware and informed of all and any inherent risks as described in this agreement. Technician -Jen Epstein- has reviewed the medical history of the client, and has answered all of client's questions regarding cosmetic tattoo procedure.

A. RELEASE OF ALL CLAIMS

- In order for Jen Epstein to perform any permanent cosmetic procedure on the client, for which the client is volunteering to have performed after having been fully informed of all the possible risks involved as described in this agreement including but not limited to, swelling, allergy to pigment, pain, infection, redness, soreness, eye injury, and itching.

I _____, voluntarily request that Jen Epstein performs such procedure(s) and I, for myself, my respective heirs, assigns, administrators, agents, employees, other participants, and sponsoring agencies from and against any and all claims, damages, or liabilities that may result from the permanent cosmetic procedure(s) as described in this agreement including cost of medical care that may arise from the procedure including post-op care. The client acknowledges that no other claims or guarantees have been made by the technician other than expressly written in agreement.

In witness whereof both parties, the client & technician enter into this agreement by their signatures below & dated. Client understands that the deposit & cost of services rendered is non-refundable.

CLIENT SIGNATURE: _____ DATE: _____
TECH SIGNATURE: _____ DATE: _____

HEALTH INTAKE: CIRCLE ALL THAT APPLY:

- KELOIDS. •DIABETES. •ALCHOLIC. •EPILEPSY. •USING ACCUTANE/ RETIN-A. •HEMOPHILIAC
- ACTIVE SKIN DISEASE. •AUTOIMMUNE DISEASE. •GLYCOLIC ACID. •BLOOD DISEASE.
- COLD SORES. •HERPES. •CANCER. •TUBERCULOSIS. •STEROIDS. •CHEMICAL PEEL.
- HEPATITIS. •OTHER TATTOOS. •HEART CONDITION. •BLOOD THINNERS. •ANTIBIOTICS
- LIKE TO TAN? •TANNING NOW? •USE TANNING PRODUCTS? •USE TANNING BED?
- SURGERIES. •PLANNING COSMETIC SURGERY? •TRICHOTILLOMANIA. •BROW/LASH TINTING
- CONTACTS. •ALOPECIA. •AMYLOIDOSIS. •OPTICAL HERPES

If yes, please explain: _____

Any STI/STDs: _____

(All information is protected by HIPPA)

ALLERGIES: Medication or topical salves such as Bacitracin, Lanolin, Lidocaine, Novocaine, Metals, Neosporin, Paba, Rubber Gloves, Latex, Epinephrine, Tetracaine, Benzocaine?

Currently taking medications/ antibiotics? _____

PATCH TEST WAIVER

Client acknowledges that the manufacturer of the pigment to be applied may require spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. The client understands spot testing may identify individuals who develop an immediate allergic reaction to pigment; however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment.

I agree to (initial one)

_____ Waive patch test, I agree to release the owner of this establishment, assistants, artists, and pigment manufacturer from any and all liability related to allergic reaction or any other reaction to applied pigments and medications.

_____ Take a 6-week patch test, prior to the permanent cosmetic tattoo procedure. I agree to release the owner of this establishment, assistants, artists, and pigment manufacturer from any and all liability related to allergic reaction or any other reaction to applied pigment.

A. Client agrees to accept full responsibilities for the COLOR, SHAPE, THICKNESS, AND POST TREATMENT CARE, of each and every procedure that client will have performed by Jen Epstein. which is to include but not limited to the eyeliner, eyebrows, lips, scar camouflage, breast re-pigmentation, and/or beauty mark permanent cosmetic procedure(s).

B. The client agrees that in the event of a controversy between client and technician involving a claim in court, the parties shall resolve their disputes through small claims court or mediation.

I have read, been verbally told, and understand each of the above recitals

CLIENT SIGNATURE: _____ DATE: _____

PHOTOGRAPHER'S MODEL RELEASE

I, THE CLIENT, CONSENT TO HAVE MY PICTURE TAKEN BY THE TECHNICIAN FOR BEFORE & AFTER PHOTOS, RECORD-KEEPING PURPOSES, AND ANY OTHER PORTFOLIO RELATED WORK/ WORK-UPS AS THE TECHNICIAN SEES FIT.

CLIENT SIGNATURE: _____ DATE: _____

Permanent makeup

Jen Epstein

SofTap method

OFFICE USE ONLY

PRICE QUOTE: \$_____ (PAID)

DEPOSIT: \$_____ (PAID)

1st SESSION: \$_____ (PAID)

TOUCH UP: \$_____ (PAID)

DISCOUNTS/OFFERS: _____

BROWS (COLOR): _____ NEEDLES USED: _____

EYELINER (COLOR): _____ NEEDLES USED: _____

LIPS (COLOR): _____ NEEDLES USED: _____

COMMENTS: _____

CLIENT SATISFACTION

AFTER INITIAL SESSION

AFTER TOUCH UP