

Disclosure and Consent for Intra-Dermal Micro-Pigmentation

I, _____, as a client have requested that you describe the procedure to be utilized so that I may make an informed decision whether or not to undergo the procedure.

You have described the recommended procedure to be used as Micro Pigment Implantation, the process of implanting micro insertions of pigment into the dermal layer of skin. Micro Pigment Implantation is used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request Michelle Keith, R.N. and such association and technical assistance as she may deem necessary, to perform on my body the following procedure (circle).

**UPPER EYELINER LOWER EYELINER LOWER MUCOSAL EYEBROW FULL LIP COLOR LIPLINER-
ONLY AREOLAS CAMOUFLAGE STRETCH-MARKS**

RISKS/POTENTIAL COMPLICATIONS

1. The nature and method of the proposed procedure has been explained to me by Michelle Keith, R.N. (or her representative), including the usual risks inherent in the procedure and the possibility of complications during and/or following its performance. I understand there may be a certain amount of pain associated with the procedure(s) and that other adverse side effects may include minor, temporary bleeding, bruising, redness or other discoloration, loss of lashes, and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur.

2. I understand the risks and/or complications that may occur should I elect to receive an infiltrate. I have been asked if I have any allergic reactions to injectable lidocaine or epinephrine and have answered negative. The risks to the previously mentioned injections are: pain upon injection, bruising (hematoma), trismus (lockjaw), edema, prolonged or persistent anesthesia, swelling, potential to chew or bite inside of mouth or lip, facial nerve paralysis, temporary or permanent nerve damage, needle breakage, slurred speech, numbness of tongue and soft tissues, temporary increase in heart rate and blood pressure.

3. In consideration of being accepted as a client by Michelle Keith, R.N., I _____, fully release and discharge Michelle Keith and all her employees, agents, servants, representatives, and associated corporations (hereafter referred to as Michelle Keith) without limitation, from any and all claims, losses, demands, rights of causes of action, damages or injuries to my person or property, present or future, whether known, anticipated or unanticipated, that may occur from any cause whatsoever, whether based on tort, contract, products liability, or other theory of recovery, as a result of or arising out of any treatment or surgery that may arise from any treatment or procedure by Michelle Keith, including _____, but no limited to, any claims for known, unknown, latent, developed, or undeveloped injuries; anticipated and unanticipated consequences, and known and unknown developments of any such injuries and claims with respect to the nature, extent, and permanency of any such injuries.

4. I agree to notify Michelle Keith of pregnancy prior to the performance of any permanent cosmetics procedure. (The Procedure will not be performed while a client is pregnant.)
5. I agree to notify Michelle Keith of any surgery or invasive procedure scheduled/performed within six months of any scheduled permanent cosmetics procedure.
6. I absolutely understand and accept that such procedure(s) is sometimes a process (two visits), often requiring at least two applications of color to achieve desirable results, and that 100% success cannot be guaranteed (you cooperation is required during the healing process to achieve desired results)
7. It is understood that I am to receive a patch test prior to the procedure, the purpose of which is to detect allergic or other reaction to the applied pigments. A patch consent form is attached. However, at any time in the future I can develop allergic reactions to everything and anything.
8. I agree to adhere to pre-procedural and post-procedural instructions as per the attached instruction sheets.
9. Depending on the procedure(s), which I select, I accept responsibility for determining the color, shape, and position of eyebrows, eyeliners, lipliner and/or full lip color, and the color of camouflage.
10. This procedure can be permanent or semi-permanent. Body metabolism, immune system response, choice of color, sun exposure, medication, long and short-term illness, and care are all factors in the longevity of permanent makeup.

11. There have been no reliable studies regarding Permanent Makeup applied to the brows, eyes or lips the CAT Scans or MRIs. Mascara can cause the same artifacts that eyeliner can during these diagnostic tests. Permanent lip, brows, eyeshadow or blush do not effect the outcome of these tests. Individuals who have permanent makeup have successfully undergone the above mentioned tests. In the event you have an MRI, inform the radiologist/physician that you have had permanent cosmetics.
12. I understand that no warranty or guarantees have been made to me as to the results.
13. I understand that there is a possibility of hyper-pigmentation resulting from a procedure, especially in individuals prone to hyper-pigmentation from a scar or other injury.
14. I have been told that this procedure will involve some pain and discomfort.
15. I have been told that there is a risk of infection following the procedure.
16. I have been told that a follow up procedure may be required and that the color of pigmentation may fade.
17. I have been told that there is a chance that I may experience a corneal abrasion from the eyeliner procedure.
18. I have been told that there is a chance of allergic reaction to pigment and that my body may reject the pigment.
19. I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.
20. I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.
21. I have received a copy of the Post Procedure Instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.
22. I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

Signature

Date