

Client Name: _____ DOB _____ DL/ID# _____

Phone Number: ____ - ____ - _____ Email: _____

This form is designed to give information needed to make an informed decision of whether or not to undergo a permanent cosmetic enhancement procedure. If you have questions, please consult with your artist prior to the commencement of the procedure.

This procedure is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing. All instruments that enter the skin or come in contact with body fluids are single-use and disposed of at the end of each procedure. Cross contamination guidelines are strictly adhered to.

No guarantees can be made that a specific client will benefit from the procedure. Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual to expect a touch-up after the healing is completed.

Initially the color will appear much more vibrant or darker compared to the end result. In most cases, within 14 days the color will fade 30% - 60%, soften and look more natural. The pigment is semi-permanent and will fade over time. It is likely to need a touch-up within 8 months to 1 year.

Photography Release Consent

As a part of this procedure, we obtain photos of the procedure area before the service, during the pre-drawing, as well as the end result. We would like your permission to use these photos for advertising. For example, in portfolios, online and in print ads, etc.

_____ **For the purpose of documentation, I consent to the taking of “before” and “after” photographs of said procedure(s). I also give my consent for before and after pictures to be used for marketing.**

Special requests, concerns or remarks for technician:

Client Signature _____ Date _____

Possible Risks, Hazards or Complications

- **Pain:** There is a possibility of pain or discomfort even after the topical anesthetic has been used. Anesthetics work better on some people than others.
- **Infection:** Although rare, there is a risk of Infection. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See “Aftercare Instructions” for more details.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.
- **Excessive Swelling or Bruising:** Some people may experience bruising and/or swelling more. Ice packs may help and the bruising/swelling typically disappears with 1-5 days.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.
- **MRI:** Because pigments used in permanent cosmetic procedures contain inert oxides, a low-level magnet may be required if you need to be scanned by an MRI machine. You must inform your technician of any tattoos or permanent cosmetics.
- **Allergic Reaction:** There is a possibility of an allergic reaction to the pigments or other materials used. You may take a 5–7-day patch test to determine this. Please initial

I have read or had read to me the above possible risks, hazards or complications, and understand the alternative to these possibilities is to use cosmetics and not undergo the procedure.

Client Signature _____ Date _____

INFORMED CONSENT AND RELEASE FORM

_____ I hereby authorize **The J Effects, LLC** to perform upon myself permanent cosmetic enhancement. If any unforeseen condition arises in the course of the procedure(s), I further request and authorize **The J Effects, LLC** to use its full judgment and do whatever is deemed advisable and necessary in the circumstances without any liability to **The J Effects, LLC**.

_____ I understand that semi-permanent and permanent cosmetic enhancement is an advanced form of tattoo.

_____ I accept full responsibility for determining the color, shape, and position of the enhancement as mutually agreed upon during the course of my consultation.

_____ I understand that a commercially reasonable effort will be made to avoid unevenness, but some bone structure, facial deformity or birthmarks, or muscle movement does not call for perfect symmetry.

_____ I was made aware that I am able to take an allergy test prior to procedure day and understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware of that allergic response to pigment is rare and accept all responsibility if allergic response occurs.

_____ I understand that employee(s), practitioner, or any personnel from **Hey Gorgeous PMU Studio** are not licensed physicians or medical doctors and was made aware to seek licensed physician or medical doctor's opinion if needed.

_____ I am aware that a sensitivity reaction to anesthetics can occur and accept all responsibility if allergic response occurs.

_____ I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over the course of time. Even though the color has faded, the pigment will stay in the skin indefinitely and may leave a light residue of color on the skin.

_____ I understand that dyes, inks, and pigments are not approved by the Food and Drug Administration ("FDA"), and the health effects are not known.

_____ I accept that the highest standards of hygiene are met, and that sterile disposable needles are used for each individual client, procedure, and visit.

_____ I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be

guaranteed. I understand that this is why I may need to return for a touch up procedure or additional touch-ups thereafter and will be charged an additional fee for any procedures or services.

_____ I understand that all services are non-transferrable and non-refundable (full or partial refund).

_____ I am aware that the result of the procedure is determined by the following:

- Medication
- Skin Characteristics (i.e. dry/oily/sun-damage Natural skin undertones)
- Alcohol intake and smoking
- General stress, A compromised immune system
- Poor Diet
- Post procedure care treatment
- Lifestyle

_____ I have been advised that upon completion of the procedure there **may** be swelling and redness of the skin, which will most likely subside within 1 to 2 days dependent on lifestyle or any factors listed above. In some cases, bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, using cosmetics, prolonged exposure to water, excessive perspiration, and exposure to the sun should be limited for up to 2 weeks following the procedure.

_____ I understand that immediately after the procedure, the enhancement may be 40-60% darker than the desired result and may take between 4 to 10 days to lighten. I understand that the true color will be visible approximately 1 month after each application, and that the color may vary according to skin tones, skin type, age, and skin conditions. I acknowledge that some skins accept color more readily than others, and no guarantee of an exact effect or color can be given.

_____ I acknowledge that the proposed procedure involves inherent and unforeseeable risks in the procedure and have possibilities of complications during and/or following the procedure such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

_____ I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however is a process, which may take some time and may have associated fees.

_____ I agree to inform my doctor of my permanent cosmetic enhancement if I require an MRI scan within a 3-month period of receiving the procedure.

_____ I have been quoted the cost of today's procedure and understand that future touch-up rates and/or policies are subject to change.

_____ I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the practitioner, employee, or contractor of **The J Effects, LLC**. I understand that infection and possible scarring can occur if I do not adhere to the said instructions.

_____ I understand that **The J Effects, LLC** can release me as a client at any given time with or without a reason.

_____ I understand that Retin A, Renova, Alpha Hydroxy, Glycolic Acids, Aloe, and Vitamin E products must not be used on the treated areas or forehead area during healing.

_____ To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have the procedure done at this time.

INDIVIDUAL CONSENT

I declare that I give my full consent to the placement of tattoo carried out by the aforementioned practitioner of **The J Effects, LLC**. I confirm that potential complications, such as infection and swelling, for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me, and I agree that it is my responsibility to read this and follow the instructions on it until the area treated has healed.

I certify that I have read or have had read to me the contents of this form. I understand the inherent and unforeseeable risks and alternatives involved in this procedure. I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approve the material given to me, and I authorize **The J Effects, LLC** to perform on my body the procedure desired today.

I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of 18 and that I am not currently under the influence of alcohol or drugs.

I CERTIFY THAT I HAVE READ, HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.

Client Signature _____ **Date** _____

THE J EFFECTS, LLC

Name: _____ DOB _____ Age _____
Address: _____ City _____ State _____ Zip _____
Phone # _____ Email _____
Emergency contact person: _____ Phone# _____

Do you presently have or previously had any of the following: (Circle Yes or No)?

- Yes No** History of MRSA
- Yes No** Alcoholism
- Yes No** Abnormal Heart Condition
- Yes No** Tumors/ Growths/ Cysts
- Yes No** Pregnant now/ Breast feeding now
- Yes No** Diabetes
- Yes No** Hepatitis (A,B,C,D)
- Yes No** Autoimmune Disorder?
- Yes No** Bleed or Bruise Easily
- Yes No** Oily Skin
- Yes No** Currently smoke
- Yes No** Take meds (such as numbing injection) before dental work
- Yes No** Difficulty numbing with dental work
- Yes No** Prior to dental procedures, do you receive antibiotic therapy?
- Yes No** Surgeries in the last year?
- Yes No** Cancer (Year: _____)
- Yes No** Chemotherapy/ Radiation in the last year?
- Yes No** Accutane or acne treatment (date: _____)
- Yes No** Chemical peel (date: _____)
- Yes No** Tan by booth or sun (date: _____)
- Yes No** Botox Injection (date: _____)
- Yes No** Brow or Lash tinting (date: _____)
- Yes No** Forehead/Brow lift (date: _____)
- Yes No** Face lift (date: _____)
- Yes No** Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, fish oil etc. _____
- Yes No** Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?
- Yes No** Allergic reaction to any of the following medications: Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc.
- Yes No** Allergic reaction to any of the following: antibiotic ointments, metals, latex, rubber, hair dye, paints, nuts, medication, drugs, foods, crayons, glycerine?
- Yes No** Any diseases/disorders/conditions/allergies not listed? _____

Please list medication or vitamins you're presently taking: _____

I agree that all the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

After Care Instructions

Expect the tattooed area to be significantly darker and sharper immediately following the procedure. Over the next 7 -10 days it will appear even darker and thicker, scabs will begin to form then slough off, and finally, the pigment will become more naturally soft as the skin heals. The entire healing process can take up to 2 weeks or more. *Failure to follow aftercare instructions may result in infection, discoloration, and/or pigment loss.*

Aftercare compliance is ESSENTIAL to obtain the best results. Please abide by the following for 10 days or until all of the peeling is done:

- **DO NOT PICK AT THE SCABS!**
- Brows will go through a series of darkening, scabbing, flaking, and fading during the healing process. **Do NOT panic**, this is normal.
- Use the after wash provided to cleanse the brow area twice daily. Gently apply the soap with a clean fingertip, then pat with a damp cotton pad to remove.
- Apply a rice sized layer of aftercare ointment, using a q-tip, after cleansing the brows or whenever the area feels dry and/or itchy.
- Keep the treated area free of heavy water, active ingredient cleansers, creams, makeup, or any other products.
- Avoid working out, sauna, swimming, tanning, or anything that causes excessive sweating.
- No waxing, tinting or threading the brows.
- Avoid direct sun exposure.
- Avoid Retin A, Renova, Alpha Hydroxy, Glycolic Acids, Aloe, and Vitamin E products.
- If you are planning a chemical peel, MRI, or other medical procedures inform them that you have had an iron oxide cosmetic tattoo.
- You must wait 1 year after any tattoo to give blood. This is state specific – you can check on the American Red Cross to see the rules for your state.
- If any signs of infection occur, abnormal swelling, redness or pain associated with the procedure, call your physician and please give us a call.

Permanent makeup healing is subjective based upon several personal factors, including client skin type and lifestyle. Please allow the full 4 weeks for brows to completely heal. Adjustments can be made during the touchup. Multiple touchups may be necessary at an additional cost.

****PLEASE DO NOT PICK THE SCABS****