

Perfect Image Microblading

Client – General Consent & Information

All areas below must be initialed before any treatment will be performed

NAME _____ DATE _____

Discomfort: Discomfort is usually mild. Each person's tolerances are different. I consent to the application of topical anesthetic, to manage any discomfort. _____

Swelling: Swelling in the area of treatment is minimal to moderate and usually subsides within a few days. _____

Bruising: This may occur and, if so, usually resolves within a few days. Bruising that lasts more than a week is very uncommon. _____

Initial Darkness of Pigment: Immediately following this procedure, my micro pigmentation may appear dark. This color will fade over a few weeks and then heal into its lighter final color. _____

Pigment Irregularities and Retention: I fully understand that this is a tattoo process and is therefore an art, not a science. The final color may be different than I had anticipated or hoped. It may also be inconsistent such that some areas are lighter or darker than others. I acknowledge that *Perfect Image Salon* does not guarantee the amount of color that will be retained at the end of the healing weeks.

I realize that variations in color will occur. I understand that if my skin color is dark, the colors will not appear and show as much compared to lighter skin. _____

I understand that although efforts will be made to match the color I desire, the final color will not match exactly. Usually, the final color is close. It is unlikely, but possible, that the color may be significantly different than what I had wanted or expected when it is healed. It is generally always lighter. _____

Reaction to the Pigment: Reactions are extremely rare, however it is possible to develop an allergic reaction to the pigment, such that the treated area becomes very swollen, red, and inflamed for days, weeks, months, or longer. I acknowledge it is not reasonably possible for the technicians and employees of *Perfect Image Salon* to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible. _____

Infection: It is extremely unlikely but may occur. I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo. I do not have medical or skin conditions such as, but not limited to, acne, scarring (Keloid) eczema, psoriasis, freckles, moles, or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any infection or visible rash anywhere on my body, I have advised my technician. _____

Cold Sore: An outbreak of herpes (cold sores) may occur in some individuals. I will inform the staff prior to the procedure if I have a history of cold sores. _____

After-Care: I understand that it is important to follow all home-care instructions when striving for optimal results. I have received aftercare instructions and I agree to follow them while my tattoo is healing. *After-Care Balm* is \$10.00. _____

Touch-up Policy: I understand that Micro pigmentation/blading will require a touch-up and perfection appointment to achieve optimal results. The follow-up is available as pre-discussed with your technician. _____

Laser and Surgery: I understand that if I have any skin treatments, laser hair removal, plastic surgery, or other skin-altering procedures on the tattoo, it may result in adverse changes to my tattoo. _____

Pregnancy: I understand that tattooing pigment may pose risks to my unborn child. If I am pregnant or trying to become pregnant, I will notify *Perfect Image Salon*. _____

I understand that this list is not complete and that other complications or problems that are not mentioned here may arise. If any one or more of the foregoing complications arise, I will notify the salon immediately. _____

I acknowledge that if I have any condition that might affect the healing of this tattoo, I will inform my technician. I am not pregnant or nursing. I am not under the influence of alcohol or drugs. _____

I acknowledge that I am over the age of eighteen and I have truthfully represented that the obtaining of a tattoo is my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of *Perfect Image Salon* necessary to perform the tattoo procedure. _____

I have read all pages of this consent; I acknowledge that I have a general understanding of the nature of the proposed procedure, the risks and the expectations. _____

I acknowledge that no guarantees or warranties have been made or implied regarding results or my satisfaction with the results. _____

Signature *Date*

Print name

Visit Client #1 - CLIENT SIGN: _____ DATE _____

Visit Client #2 - CLIENT SIGN: _____ DATE _____

Visit Client #3 - CLIENT SIGN: _____ DATE _____

Visit Client #4 - CLIENT SIGN: _____ DATE _____

NAME: _____

BIRTH DATE: MONTH _____ DAY _____ YEAR _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL CODE: _____

WORK PHONE NUMBER: _____ MAIN PHONE NUMBER _____

EMAIL ADDRESS: _____

REFERRED BY: _____

PROCEDURES: _____

EYES/EYEBROWS

Contact Lenses must be removed for an eyeliner procedure

Dry Eyes _____

Blurred Vision _____

Glaucoma _____

Thyroid Conditions _____

Alopecia _____

Other Eye Disorders _____

Cosmetic Injections- Botox _____

Surgery - Laser Vision Correction, if so, when _____

Surgery - Blephoroplasty (eye lift), if so, when _____

GENERAL

Are you in general good health? _____

Diabetes _____ Pregnant _____ High Blood Pressure _____

Blood thinners/anticoagulants, aspirin, Ibuprofen, Coumadim _____

Mitral Valve Prolapse or valve implants _____

Autoimmune Disorders _____

HIV, Have you ever been tested _____? Tested Positive _____?

Hepatitis _____

Bruise easily Do you have a tattoo? _____

Do you have any serious medical conditions? _____

Do we require a physicians note? _____

(Physician's Notes must be on their letterhead or prescription pad).

Medications _____

Do you use Retin A , Hydroxyl (Glycolic) Acid? YES ___ NO ___ These products fade tattooed area.

Are there any other areas of concern not mentioned? _____

Is there any history of:

Skin Cancer, Melanoma, Rosacea, Acne, Hyper pigmentation - Pigmented Spots, Hypo pigmentation - Vitiligo, Scars, Keloids, Eczema, Psoriasis, Lupus.

Signature of Client

Signature of Technician

ALLERGIES

Anesthetics _____

Latex Gloves _____

Polysporin Ointment _____

Paba (sunscreen) _____

Other _____

AUTHORIZATION AND CONSENT FORM

The undersigned hereby consents to (Perfect Image Salon) taking photographs of the undersigned both before and after any procedures being undertaken by (PIS) at the request of the undersigned.

It is further understood, acknowledged and herein authorized for (PSI) to use said photographs for the purposes of (PIS) compiling an album of its various clients for the purposes of showing prospective clients the procedures completed by (PIS) in its normal course of business.

In the event that the undersigned does not wish (PIS) to use said photographs in its prospective client photo album then the undersigned shall expressly so state by completing Schedule "A" and the undersigned thereafter acknowledges and consents to (PIS) retaining said photographs solely for its own files for its own use internally in the development and monitoring of all services provided.

The undersigned further acknowledges that it has been advised by (PIS) that the undersigned further hereby saves harmless and indemnifies (PISI) from any damages whatsoever resulting from cosmetic tattooing procedures not complying with the request of (PIS) as stated herein.

The undersigned further accepts full responsibility for and indemnifies and holds (PIS) and Aimee Loeser harmless and without liability of any kind whatsoever for the pigment coloration and position of all permanent make-up on its eyebrows.

The undersigned further fully understands and acknowledges that no hair removal such as waxing or electrolysis will have been performed or completed within one week prior to the commencement of the procedure herein consented to.

The undersigned having read the above acknowledges that all of the procedures contemplated and consented to herein have been fully explained and the undersigned fully understands the nature, scope and repercussions of the procedure herein consented to being performed and the undersigned herein fully accepts responsibility for any and all results of the said procedure.

The undersigned further also acknowledges that any information provided by the undersigned to (PIS) is being provided for the purposes of (PIS) own internal compilation of information and under no circumstances is it deemed to be given for the purposes of (PIS), Aimee Loeser or any of its employee's giving or making any medical decision, opinion, diagnosis or representation to the undersigned or any other party whatsoever.

The undersigned hereby consents to (PIS) and Aimee Loeser performing the treatments more specifically described as follows:

and the undersigned in consideration of (PIS) and Aimee Loeser completing the above described procedures hereby forever releases and further agrees not to make any claim or demand or commence, maintain or prosecute any action cause or proceeding for damages, compensation, loss or any relief whatsoever against (PIS) and/or Aimee Loeser in respect of any cause, matter of thing whatsoever existing or relating to the procedures performed as described herein.

The undersigned further agrees that this release shall operate conclusively as an estoppels in the event of any such claim, action or proceeding and may be pleaded accordingly.

This release shall be deemed to have been made in and shall be construed in accordance with the Laws of the State of Michigan.

This release shall ensure to the benefit of and be binding upon (PIS) the undersigned and their respective administrators, legal personal representatives, successors and assigns.

In witness whereof the undersigned has cause this release to be executed on this date.

Print Name

VISIT 1 DATE: _____ SIGNATURE _____

VISIT 2 DATE: _____ SIGNATURE _____

VISIT 3 DATE: _____ SIGNATURE _____

VISIT 4 DATE: _____ SIGNATURE _____

VISIT 5 DATE: _____ SIGNATURE _____

Perfect Image Microblading

PROCEDURE: _____

DATE: _____ Technician _____ Photos Taken _____

Assessment _____

Pigments/NeedleSize _____

NOTES _____

DATE: _____ Technician _____ Photos Taken _____

Assessment _____

Pigments/NeedleSize _____

NOTES _____

DATE: _____ Technician _____ Photos Taken _____

Assessment _____

Pigments/NeedleSize _____

NOTES _____
