

Confidential Medical Profile



Please fill in sections A, B, C, D, and E for the client below:

A Name _____ Date _____

Address _____
Street City State Zip Code

Daytime Phone _____ Home Phone _____
Area Code Area Code

Referred By: _____

B To avoid unforeseen complications, please answer the following questions:

- Yes No Are you under the age of 18? Legal guardian's initials: _____
- Yes No Have you had any aspirin or blood thinning products within the last 7 days?
- Yes No Any mood altering drugs within the last eight hours?
- Yes No Do you have any history of cold sores, herpes, or fever blisters?
- Yes No Are you sensitive to Latex?
- Yes No Have you had a chemical or laser peel? If so, when? _____
- Yes No Do you have problems with healing?
- Yes No Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?
- Yes No Are you currently undergoing radiation or chemotherapy?
- Yes No Are you currently using Retin-A or "Alpha Hydroxy" skin care products?
- Yes No Do you wear contact lenses? **(If yes, I understand they must be removed during my eyeliner procedure and should not be replaced until the next day.)**
- Yes No Are you allergic to any metal? (e.g. Can only wear 14K gold.)
- Yes No Have you ever had any permanent makeup procedures before?
- Yes No Medication, including immunosuppressive, such as anti-inflammatory or steroids?
- Yes No Withdrawal from caffeine products?
- Yes No Are you allergic to topical antibiotic preparations or desensitizers? **(e.g. Polysporin, Bacitracin, Neosporin, or "Caine" family of drugs or Petroleum)**
- Yes No Is there any history of skin diseases or remarkable skin sensitivities?
- Yes No Are you presently taking Vitamins A and/or E in any form?
- Yes No Are you pregnant or nursing?
- Yes No Are you required to take antibiotics during dental or invasive medical procedures?

Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.

C Please check any of the following which pertain to you:

- | | |
|---|--|
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Trichotillomania |
| <input type="checkbox"/> Allergies to Makeup | <input type="checkbox"/> Hepatitis/Jaundice/HIV |
| <input type="checkbox"/> Accutane Treatment | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Dry Eyes | <input type="checkbox"/> Tendency to Develop Fever Blisters on the Lip |
| <input type="checkbox"/> Keloid or Hypertrophy Scars | <input type="checkbox"/> Tendency to Bleed Excessively from Minor Injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Keloid Formation |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Hyper-Pigmentation (Darkening of the Skin) |
| <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Hypo-Pigmentation (Lightening of the Skin) |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Ocular Herpes |
| <input type="checkbox"/> Epilepsy/Seizures of any Kind | |
| <input type="checkbox"/> Autoimmune Disorders | |
| <input type="checkbox"/> Refractive Eye Surgery | |
| <input type="checkbox"/> Glaucoma | |
| <input type="checkbox"/> Cancer <i>(any type)</i> _____ | |

D Please explain any checked question, list any other medical conditions, and list all your medications:

Doctor's Name _____ Phone# _____

E _____
Client Signature Date

Informed Consent



Please review the section below, filling in the blanks, and initialing where appropriate. If the client is a minor, the parent or legal guardian should also sign at the bottom of the form.

The nature and method of the proposed Permanent Makeup (Tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness, or other discoloration 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; however, if properly cared for, occurrence is rare.

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from _____ and/or any associates. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. _____ (initial)
- I acknowledge that complications are always possible as a result of the Permanent Makeup procedure, particularly in the event that post-procedural instructions are not followed. _____ (initial)
- I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure. _____ (initial)
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result. _____ (initial)
- I understand that future laser treatments or other skin-altering procedures, such as plastic surgery, implants, and/or injections may alter and degrade my Permanent Makeup. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further Permanent Makeup procedures. _____ (initial)
- For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). _____ (initial)
- I acknowledge that the obtaining of Permanent Makeup procedure(s) is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the practitioner and/or any of the practitioner's associates reasonably necessary to perform the procedure(s). _____ (initial)

I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to his procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature

Date

If Client is under 18, Signature of Parent or Legal Guardian

Date

I have personally reviewed the above information with my client or the client's representative.

Witness Signature

Practitioner's Signature

Date

Consent for Permanent Cosmetics



I hereby request and consent to the application of permanent color and consent to have the following procedures performed by _____.

Please check any of the following which pertain to you:

- Eyeliner,
 Eyebrows,
 Lip Liner,
 Full Lip Color,
 Scar Camouflage,
 Beauty Mark,
 Areola Repigmentation,
 Other _____

Please read and initial the following statements:

- I understand that the process used to apply color is not a one-step process and requires subsequent visits to achieve desired results. I further understand that the fee includes my first visit and ONE perfecting visit. Maintenance touch-ups are scheduled as needed and may vary from six months to three years. Fees for maintenance visits, pigment replacements, and scar camouflage are based on an hourly fee. _____ (initial)
- I understand that with time, pigment can, and will, fade and change color according to metabolism, skin type, and age, and exposure to sun, smoking, alcohol, medications, Retin-A, and Glycolic acids. _____ (initial)
- I acknowledge that no guarantees have been made to me concerning the results of this procedure and that the professional recommendation is a NATURAL LOOK. _____ (initial)
- I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments. I fully understand this is a tattooing process; therefore, not a science but an art.* _____ (initial)
- I have received and acknowledged pre- and post-procedure instructions and agree to strictly adhere to such instructions. _____ (initial)
- I accept responsibility for determining the color, shape, and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. _____ (initial)
- I understand the taking of photographs, before *and* after the procedures is required. _____ (initial)

* The known possible complications from micropigmentation are: redness, swelling, puffiness, bruising, dry patches, and tenderness. It is normal to lose approximately 1/3 of the color during the healing process. After most procedures the color may be a shade too dark; in six days it will appear too light. After ten days the color will show more than it did initially. It will appear softer when completely healed as the color will come from the dermal layer of the skin to the epidermal layer of the skin. **In the event of a CAT scan or MRI, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation may occur during the procedure.**

Client Signature

Date

Witness Signature

Practitioner's Signature

Date

Healing Schedules



LIPS

	Typical Effects
Day 1	Swelling, tender, heavy thick lipstick look with a reddish brick color effect.
Day 2	Slight swelling, reddish and tender with a slight metallic flavor.
Day 3	Less swelling, thicker texture, sore, hot feeling before exfoliation with an orange color effect.
Day 4	Exfoliation begins, very chapped lips.
Day 5	Very chapped but almost finished with first chapping stage.
Day 6	A soft, rich color begins to appear.
Days 7-13	Lip color disappears and the "frosty" (second chapping) stage begins as a whitish/grayish haze on the lips.
Day 14	Color "blooms" from within more and more each day until day 21 (three weeks post procedure).
Day 21	Healing complete; the color you see is the color you have. Your lips will remain a bit dry for a month or two, use a good lip balm and they will return to normal, but with full color!

EYELINER

	Typical Effects
Day 1	Swollen, like you've been crying, with a heavier eye makeup look.
Day 2	Swollen, usually for only a few hours after waking up, with the heavier eye makeup look continuing.
Day 3	Swelling decreases with a tight feeling. The pigment begins to lift away from the skin.
Day 4	There is a "pinching" feeling. Some itching is normal as the skin begins to flake. DO NOT PICK AT IT.
Day 5	Blinking movements of the eye usually removes all pigment by this day. Color is somewhat grayish and will take a few more days to clarify to full color.

EYEBROWS

	Typical Effects
Day 1-2	The eyebrows are approximately 20 to 25% darker and bolder in width than they will be when healed. Your skin is red under the pigment which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the eyebrow procedure to flake away and a more narrow appearance will result. New skin will heal over the pigmented area and result in a softer appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size than you desire. This is all part of the process.
Day 3	Eyebrows start to itch and will appear a bit thicker in texture. Exfoliation begins.
Day 4	The skin begins to flake — peeling from the outside edges first.
Day 5	Color finishes flaking off and appears softer and grayer for a few days until color clarifies.

NOTE: Permanent makeup procedures are affected by the canvas (your skin) that they are performed on. If your skin is sun damaged (even from tanning beds), thick and uneven in texture, or excessively dry or oily the result cannot be expected to be perfect after the initial procedure. Scars on the lips from fever blisters cause pigment removal. Lifestyle, medications, smoking, metabolism, facial surgery, and age of skin all contribute to fading. Touch-ups are needed 30 days after your initial procedure to ensure the best result and to keep your permanent cosmetics looking the best. Your procedure maintenance, as outlined in your pre/post procedure directions, is very important.

Post Procedural Care



EYELINER

Expect light to moderate swelling and redness. Tea bags or ice packs may be used to minimize swelling the day of and the day after the procedure. Use A&D Ointment or Vaseline around the treated area for two to three days following the procedure. You must use NEW mascara to avoid contamination.

EYEBROWS

Expect slight swelling, thickness, and/or redness for one to two days following the procedure. Keep lightly glossed with A&D Ointment or Vaseline for three to four days. Wash with water and pat dry.

LIPLINER / LIPCOLOR

Expect moderate swelling, usually one to two days following the procedure. Applying ice for the first two hours is most important. Continue throughout the day. Keep moist with A&D Ointment, Vaseline, or Liprotek for the next five to seven days, then switch to chapstick or lipstick with an SPF of 15 or greater, as the sun tends to fade lip color quickly. After the procedure, the lips may appear to have too much color. You may add makeup to soften the color. After three to four days, the color will become lighter as the epidermis sloughs off. It will appear that you have lost all your color; however, when your lips have healed completely, the dermal layer will gradually become darker. Two or three applications may be required to achieve the desired results. It is not uncommon to lose up to 70% of the color on the first application.

SCAR CAMOUFLAGE / AREOLA RESTORATION

Keep area away from water for 24 hours. Keep moist with A&D Ointment or Xeroform for three to five days. No vigorous exercise for 24 hours.

1. **Do not use any Retin-A or Glycolic Acids while healing!**
2. **Do not use Peroxide or Neosporin on ANY areas!**
3. **Do not scrub or pick treated areas!**
4. **Do not expose area to sun or tanning beds!**
5. **Avoid facials, swimming, and/or whirlpools for at least five days!**
6. **Do not dye or tweeze eyebrows one week before or after procedure!**

FAILURE TO FOLLOW POST-PROCEDURE INSTRUCTIONS MAY RESULT IN LOSS OR DISCOLORATION OF PIGMENT.

The known possible complications from micropigmentation are:

- *redness*
 - *puffiness*
 - *dry patches*
 - *swelling*
 - *bruising*
 - *tenderness*
-

- *It is normal to lose approximately 1/3 of the color during the healing process.*
- *After initial procedure, the color may be a shade too dark; in six days it will appear too light. After ten days, the color will show more.*
- *It will appear softer when completely healed because the color will come from the dermal layer of the skin to the epidermal layer of the skin.*

PLEASE DO NOT HESITATE TO CALL IF YOU HAVE ANY QUESTIONS.

Client Signature

Date

Implantation Report



Name _____ Date _____

Sensitivity Test Date applied: _____ Date read: _____ Reaction Negative Positive

Location _____

Confirmation No prior "fever blisters" Took Valtrex as directed

Type of Procedure Eyeliner Eyebrows Lipliner
 Lipcolor Enhancement Scar Camouflage

Scar Description Size: _____
 Color: _____
 Age: _____
 Remarkable Features: _____

Smooth Irregular Straight Curved Jagged Flat Raised Indented

Anesthesia DOTC Blue ____% Tetracaine Numquick Pink ____% Lidocaine TAG#45 Spray
 ____% Lidocaine with Epinephrine Other _____
 Dental Block per Dr. _____
 Prescription Anesthetic Name _____
 Rx by Dr. _____

Prep Cetaphil Alcohol Betadine Other _____

Post Procedure Meds Bacitracin Ointment A&D Ointment Other _____

Procedure Start Time: _____

Procedure End Time: _____

Pre-Procedural Checklist:

Allergies _____

Consent _____

H&P _____

Photos (Pre-Procedure)

Photos (Post-Procedure)

Procedure Notes (Use the back of this form if necessary)

Extended Wear Cosmetics



PROCEDURE FEES

Type of Procedure	Price
Full Eyebrow	\$
Fill-in Eyebrow	\$
Upper Eyeliner	\$
Lower Eyeliner	\$
Total Eyeliner	\$
Full Lip & Liner	\$
Lip Liner	
Lip Color or Liner (First touch-up)	No Charge
Lip Color or Liner (Additional touch-ups)	\$
Nipple/Areola	\$
Unilateral	\$
Bilateral	\$
Scar Camouflage	\$ / hour
Maintenance Applications	\$
Other Special Procedure _____	\$

The term "Permanent Cosmetics" are actually extended wear cosmetics and fade in varying degrees with different individuals. Some clients will need a maintenance application sooner than others. Due to varying degrees of difficulty of applications associated with lip/skin texture, scarring or wrinkles around lip lines from cold sores, age, laser treatments, medications, smoking, sun exposure, and glycolic acid creams, "perfect" results cannot be guaranteed in two visits. Therefore, if irregularities in lip color develop from the above mentioned conditions, additional procedures may be necessary.

Pre-Procedure Care

for Eyebrows, Eyeliner, Lip Liner and/or Full Lip Color



All permanent cosmetic procedures are multisession processes. You are required to come back for at least one touch-up visit before it can be determined that your work is complete. Touch-up visits are scheduled from four to eight week intervals.

Be prepared for the color intensity of your procedure to be significantly larger, sharper, brighter or darker than what is expected for the final outcome. It will take time for this transition, based on how quickly the outer layer of your skin exfoliates.

While these injected tones may initially simulate the exact color and tone desired, it will not always remain a perfect match. Injected tones are constant, while your own skin tones will vary depending on exposure to cold, heat, sun, and circulatory changes. For example, if you tan your skin and had a scar camouflaged, your surrounding skin will be darker in appearance than the treated area.

Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it best not to make any social plans for a day or two following any procedure. Wear your normal makeup and bring your lip or brow pencils to the office on the day of the procedure.

Any tweezing or waxing should be done at least 48 hours prior to the procedure; electrolysis no less than five days before. Do not resume any method of hair removal for at least two weeks. Any eyelash or eyebrow tinting or eyelash curling should be done no sooner than 48 hours before or two weeks after the procedure.

DO NOT WEAR CONTACT LENSES DURING OR IMMEDIATELY FOLLOWING THE EYELINER PROCEDURE.

REMEMBER TO BRING YOUR GLASSES.

You may resume wearing your contact lenses as soon as your eyes return to their pre-treated condition.

If you are having lip procedures and have any history of cold sores/fever blisters/herpes simplex, you will be required to contact your physician to obtain the proper prescription medication to prevent such outbreaks. Many physicians prescribe 12 capsules of 500 mg. Valtrex. These can be taken two times a day, two days before micro-pigmentation and four days after, or as physician prescribes.

Formula and Touch Up Record

Eyebrow and/or Eyeliner



EYEBROW PROCEDURE

		Before Photo / /	After Photo / /
Date	Formula	Needle	Results

Complications No Yes **Tolerance Level** Low Medium High

Explain _____ **Time In:** _____ **Time Out:** _____

Pre-Treatment Dermacaine Lasercaine Sustain Tag Other _____

EYELINER PROCEDURE

		Before Photo / /	After Photo / /
Date	Formula	Needle	Results

Complications No Yes **Tolerance Level** Low Medium High

Explain _____ **Time In:** _____ **Time Out:** _____

Pre-Treatment Dermacaine Lasercaine Sustain Tag Other _____

Formula and Touch Up Record

Lips, Camouflage, and/or Areola



LIP PROCEDURE

		Before Photo / /	After Photo / /
Date	Formula	Machine/Needle	Results

Complications No Yes **Tolerance Level** Low Medium High

Explain _____ **Time In:** _____ **Time Out:** _____

Pre-Treatment Lasercaine Elomax Tag NumbQuik Other _____

CAMOUFLAGE/AREOLA COMPLEX PROCEDURE

		Before Photo / /	After Photo / /
Date	Formula	Machine/Needle	Results

Complications No Yes **Tolerance Level** Low Medium High

Explain _____ **Time In:** _____ **Time Out:** _____

Pre-Treatment Lasercaine Elomax Tag NumbQuik Other _____

Incident Report



RECORD OF INCIDENT

Date _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Referred By _____

AREA(S) OF INCIDENT:

TREATMENT AND RECOMMENDED FOLLOW-UP:

Consultation Report



RECORD OF CONSULTATION

Date _____ Fees Discussed _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Referred By _____

AREA(S) OF CONCERN:

RECOMMENDED PROCEDURE/TREATMENT:

Model Release Form



Date _____

Model Name _____

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by you and/or anyone authorized by you, of any and all photographs which you have this day taken of me, negative or positive, and of which the proofs are hereto attached, for any purpose whatsoever, without further compensation to me. All negatives and positives, together with the prints, shall constitute your property, solely and completely.

I certify that I am 18 or more years of age. Yes No**I, the undersigned Model, assign to you the right to copyright photography.**

Signature of Model _____

Address _____

Witness Signature _____

If Model is under 18 years of age, consent should be given by a parent or guardian.

I hereby certify that I am the parent or guardian of the Model whose signature is above and give my consent without reservations to the foregoing on behalf of him or her or them.

Signature of Parent/Guardian _____

Witness Signature _____

Photographer Name & Address _____

Patch Test Consent



PATCH TEST CONSENT

I, _____, have received a patch test on _____ (date) and have had no adverse side effects. The patch test was completed prior to the procedure. I realize that there still remains a possibility of an allergic reaction to the applied pigments that may be delayed.

ACCEPTANCE

I have read and understand the risks listed above and they have been explained to me. I DID NOT JUST SIGN THIS DOCUMENT. I certify that the information in the above questionnaire is accurate and that it has been explained to me and my questions have been answered. I understand the possibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request.

Client Signature

Date

If Client is under 18, Signature of Parent or Legal Guardian

Date

Witness Signature

Date

Model Release for Students



INFORMED CONSENT AND RELEASE FORM

DISCLOSURE. The undersigned (hereinafter "Model") has agreed to participate in the technical procedure of the Application of Micropigmentation Implantation (hereinafter "MPI") by acting as a subject for students being trained by _____ (Name of Institute) in MPI applications. The undersigned is aware that by volunteering their services as a model, that actual application by students in training in the application of MPI will be performed on them. These procedures have been explained fully to the model, including the risks involved in the procedures, and by signing below, the model acknowledges receipt of the attached writings regarding post application instructions and agrees to adhere to those instructions. The model is aware that all students in training will be supervised by _____ (Name of Instructor).

WAIVER AND RELEASE. I, _____ (Name of Model), acknowledge the fact that _____ (Name of Institute) is training students in the process of application of MPI. I am aware and acknowledge the sensitive nature of these procedures and acknowledge that some level of risk is involved and that the application of pigment is permanent. In consideration of your accepting my participation in this program, I hereby, for myself or anyone who might make a claim on my behalf, release, waive, and give up any claims and rights which I may have against _____ (Name of Institute) or any of its successors and assigns and/or _____ (Name of Instructor), or their heirs or assigns, for any and all events that occur as a result of my activities as a model for student application of MPI during or after the application process. This Release and Waiver extends to all claims of every kind, foreseen and unforeseen, known or unknown. I acknowledge that no warranties or promises have been made to me concerning the results of MPI application.

GENERAL PROVISIONS. The student acknowledges having received a patch test prior to procedure which releases _____ (Name of Institute and Instructor) from any liability related to any allergic or other reaction to applied pigments.

For the purpose of documentation, I also consent to the taking of "BEFORE" and "AFTER" photographs of said procedures, which may or may not be used for advertising. (Please check appropriate box to indicate preference.)

- I have been advised not to drive a motor vehicle for a period of no less than eight (8) hours after an eyeliner procedure. If I choose to drive myself home, I do so knowingly.
- I fully understand that any hair removal such as tweezing, waxing, or electrolysis must be done one week prior to procedure.
- Lash tinting or brow tinting must be done one week prior to procedure or four weeks following a procedure and/or touch up application.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE, HAD IT EXPLAINED TO ME, AND FULLY UNDERSTAND THIS INFORMED CONSENT AND RELEASE FORM. I REPRESENT THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE.

Client Signature

Date

Witness Signature

Date

Reconsent Form



I absolutely understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results and that 100% success cannot be guaranteed. I have received, reviewed, and understand the pre- and post-procedural instructions as given to me and agree to follow them. Depending on the procedure(s) which I select, I accept responsibility for determining pre-procedurally the **color, shape, and position of eyebrows, eyeliners, lipliner and/or full lip color, and the color of camouflage.**

I have been advised not to drive a motor vehicle for eight (8) hours following an eyeliner procedure. I understand that any hair removal such as waxing or electrolysis must be done one week prior to the procedure and two weeks following the procedure. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I may have iron-oxide permanent cosmetics. If I am a lens wearer, I realize that I must keep my lenses out the day of an eyeliner procedure. I understand that this procedure will fade and this fading can alter the original pigment color and that this simply determines that it is a time for a touch-up visit. I realize this is an elective cosmetic procedure, not an exact science, and is not medically necessary.

It has been explained to me that the following possibilities may occur: *minor and temporary bleeding, bruising, redness or other discoloration, swelling, fever blisters on the lip area following lip procedures (in individuals prone to them), and/or fading or loss of pigment.* I understand that laser procedures for hair removal or peri-oral lines may or will turn permanent lip color dark or even black. I give my consent to _____ to confer with my physicians for medical information required for the safety of my procedures. I agree to accompany my practitioner to the emergency room in the event that they were to be accidentally stuck with my needle, take a blood test for their safety, and disclose all test results to my practitioner. I am aware that if an infection occurs after I have received Permanent Cosmetics that I should see my primary physician or go to an emergency room IMMEDIATELY.

I am pregnant. Yes No

My Health History is the same as my last visit. Yes No

If no, then please specify. _____

ACCEPTANCE

I have read and understand the risks listed above and they have been explained to me. **I DID NOT JUST SIGN THIS DOCUMENT.** I certify that the information in the above questionnaire is accurate and that it has been explained to me and my questions have been answered.

 Client Signature

 Date

 If Client is under 18, Signature of Parent or Legal Guardian

 Date

 Witness Signature

 Date

Observers Present During Micropigmentation Procedures



When colleagues, sales representatives, and family members want to observe the micropigmentation procedures, the technician is typically the person to make the arrangements. This form provides an overview of policies and procedures that each micropigmentation practice should have in place.

Please note that both the technician and the facility have the right to refuse such requests. Safeguards to be taken should be detailed in the policies and procedures for the practice. For example, the technician should instruct observers as to what they may or may not do to ensure that the observer does not engage in the unlicensed practice of micropigmentation (e.g., when a new device is used in the procedure, an observing sales representative may only answer questions or calibrate the instrument but cannot act as an assistant).

- Make sure observers are credentialed/authorized by the facility. The facility must authorize the presence of all persons. Visitors are limited to certain hours and units; facility employees are authorized during their hiring process; and practitioners are authorized during the credentialing and privileging process.
- The facility must also screen and approve all observers, whether present at the request of the client or facility.
- Ensure observers confirm that they have no medical conditions that could interfere with care of the client, such as lapse of consciousness (fainting, epilepsy, or narcolepsy), weak stomach, convulsions, diabetes, or heart problems.
- Obtain practitioner acknowledgement of the observer's presence if the request for the observer did not come from the attending practitioner (see Form 18, Client Section **A**).

Determine whether or not the facility wants the observer (generally a sales representative) and their employer to agree in writing to indemnify the facility for any outcome related to the observer's presence. This may entail contacting legal counsel for the facility.

The technician should review necessary training and orientation of observers, which includes:

- Clients' rights and confidentiality of medical information (see Consent Process on this form),
- Appropriate conduct,
- Infection control and techniques,
- How to prevent contamination of the sterile field, and
- Universal precautions.

The technician must obtain client consent and ensure confidentiality of medical information.

- To protect both the client's right to privacy and the confidentiality of medical information, the client (or legal guardian) must be informed of the role, purpose, and name of the observer, and sign a consent form that indicates this information.
- The observer should agree to protect client confidentiality by signing either a business associate agreement or confidentiality agreement, depending upon the relationship.

CONSENT PROCESS

When the observer is present at the client's request, the technician should:

1. Have the client fill out the Client Consent for Observers Present Form (Form 18), Client Section **A**.
2. Ask the client to sign the HIPAA Authorization Form.
3. Have both the observer and the practitioner sign Form 18, Observer/Practitioner Section **C**.

When the observer present at the request of the practitioner or facility is NOT involved in health care operations (a family member or friend of the practitioner or facility staff), the technician should:

1. Have the client sign Form 18, Client Section **B**.
2. Ask the client to sign the HIPAA Authorization Form.
3. Have both the observer and the practitioner sign the Form 18, Observer/Practitioner Section **C**.

When the observer present at the request of the practitioner or facility is part of healthcare operations:

1. Have the client sign Form 18, Client Section **B**.
2. Ask the observer to sign the HIPAA Business Associate Agreement, if they have not already done so.
3. Have both the observer and the practitioner sign Form 18, Observer/Practitioner Section **C**.

Note: The technician, in cooperation with the practitioner and facility, should determine how observers will be identified and specify that identification must be worn at all times. A cooperative decision should also be made as to how the observer's name, purpose, and role should be documented. Signed consent forms should be included in the medical record.

DISCLAIMER. This information is intended solely to provide risk management recommendations. It is not intended to constitute legal advice and should not be relied upon as a source for legal advice. If legal advice is desired or needed, an attorney should be consulted.

**USE CONSENT FORM 18
FOR OBSERVERS PRESENT DURING
MICROPIGMENTATION PROCEDURES**

Client Consent Form

For Observers Present During Procedures



OBSERVERS PRESENT DURING MICROPIGMENTATION PROCEDURES

CLIENT SECTION

A Observer Present at Request of CLIENT

I, _____ (Client's Name), request permission for _____ (Observer's Name) to be present during the following micropigmentation procedure _____.

My observer and I have been instructed by _____ (Name of Practitioner or Facility Staff Member) about standard practices during this procedure. I hereby release the practitioner and facility, their officers, directors, agents, and employees from any liability in the event the presence of the observer during the procedure leads to injury to me, the observer, or others.

Client Signature

Date

Witness Signature

Date

B Observer Present at Request of PRACTITIONER/FACILITY (Not part of healthcare operations)

I, _____ (Client's Name), grant permission for _____ (Observer's Name) to be present during the following procedure _____ and to _____ (Role of the Observer, if applicable).

Client Signature

Date

Witness Signature

Date

OBSERVER/PRACTITIONER SECTION

C Observer Present at Request of PRACTITIONER/FACILITY (Part of healthcare operations)

I, _____ (Observer's Name), understand that during the procedure, the attending practitioner and facility staff must devote their full attention to the client. I therefore agree to:

- Bring to the attention of the attending practitioner and the facility staff any serious medical problems I have which might interfere with the care of the client, such as lapses of consciousness (fainting, epilepsy, narcolepsy, etc.), weak stomach, or heart disease.
- Protect the confidentiality of the client's health information.
- Comply with all orders and directions of the attending practitioner and facility staff.
- Leave the area immediately if considered necessary by the attending practitioner or facility staff.

I understand and agree that the facility, practitioner, and other personnel have no duty to me and I hereby release the attending practitioner and _____ (Name of Facility), their officers, directors, agents, and employees from any liability in the event my presence during the procedure leads to injury to me, clients, or others.

Observer Signature

Date

Witness Signature

Date

Acknowledgement of Attending Practitioner