

ENFUSE

MEDICAL SPA & HAIR RESTORATION

Consent and Release Agreement for Permanent Cosmetics

This form is designed to give information needed to make an informed choice of whether or not to undergo a permanent cosmetics application. If you have any questions, please do not hesitate to ask. Although permanent cosmetic tattooing is affective in most cases, no guarantee can be made that a specific client will benefit from the procedure. This 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 sealed and sterilized before use and disposed of after use. Cross contamination guidelines are strictly adhered to. 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 and darker compared to the end result. Usually within 5-7 days the color will fade 10-50%, will soften and look more natural. The pigment is permanent but will fade somewhat over time and will likely need to be touched up through the years.

Possible Risks, Hazards, and Complications

- Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.
- Infection: While extremely unusual, the areas treated must be kept clean and only freshly cleaned hands may touch the area. See "After Care" sheet for instructions
- Uneven Pigmentation: This can result from poor healing, infection, and/or excessive bleeding. The follow up appointment will likely correct any uneven appearance.
- Asymmetry: Every effort will be made to avoid asymmetry but our faces are not symmetrical to begin with so adjustments may be needed during the follow up to correct any unevenness.
- Excessive Swelling or Bruising: Some people bruise and swell more than others. Ice packs may help and typically the bruising and swelling dissipates after 1-5 days. Some will not experience bruising or swelling at all.
- Anesthesia: Topical anesthetics are used to numb the area that is being tattooed. Lidocaine, Benzocaine, and Tetracaine are used in a cream or gel form. If you are allergic to any of these, please inform us immediately.
- 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 small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this.

The alternative to these possibilities is to use the topical cosmetics and not undergo the permanent cosmetic procedure.

Consent and Release for Procedures Performed:

Signed: _____ Date: _____

STATEMENT OF CONSENT AND RECITALS:

Please Read and Initial all lines

____ Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email the office.

____ I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness, and bruising may occur.

____ I understand that Retin A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on the treated areas. They will alter the color.

____ I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.

____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am to receive an MRI.

____ I accept the responsibility for explaining to you my desire for specific color, shape and position for any procedure done today.

____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch up session done within 60 days of initial procedure.

____ I acknowledge that the proposed procedure(s) involve risks and have the possibilities for complications during and/ or following the procedure such as infection, misplaced pigment, poor color retention, and hyper-pigmentation.

____ I have been quoted the costs of today's appointment. After 30 days a fee will apply and there will be no refunds given for this elected procedure. I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved with this procedure and I have had the opportunity to ask questions and all the questions have gotten answered. I acknowledge that I have reviewed and approved the material given to me and I authorize _____ of Enfuse Medical Spa as my permanent cosmetics technician to perform on my body the following procedures:

Procedure(s) desired today: _____

Signature _____ Date _____