



## Disclosure and Consent for Tattoo and Dermal Procedures

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 a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request as my intradermal cosmetic technician, Erin Roberts, to perform the following procedure on my body (circle):

UPPER EYELID    LOWER EYELID    LOWER MUCOSAL EYELID    EYEBROW    FULL LIP COLOR    LIPLINER  
BEAUTY MARK    OTHER: \_\_\_\_\_

Please read and check only one:

\_\_\_\_\_ I hereby authorize Erin Roberts to take photographs of the work performed both before and after treatment, **and I further authorize the use of said photographs to be used for the purpose of advertising.**

\_\_\_\_\_ I hereby authorize Erin Roberts to take photographs of the work performed both before and after treatment to be maintained **only in file.**

Please Initial:

1. \_\_\_\_\_ 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.
2. \_\_\_\_\_ I have informed Erin Roberts that I am in good health and not under the care of any physician.
3. \_\_\_\_\_ I have been told that there may be known and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.
4. \_\_\_\_\_ I understand that there is a possibility of hyperpigmentation resulting from a procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.
5. \_\_\_\_\_ I have been told that this procedure will involve pain and discomfort.
6. \_\_\_\_\_ I have been told that a follow-up procedure may be required and that the color of the pigment may fade.
7. \_\_\_\_\_ I have been told that the markings are permanent and there is a risk of infection following the procedure.
8. \_\_\_\_\_ I have been told that there is a chance that I may experience a corneal abrasion from the eyeliner procedure.

9. \_\_\_\_\_ I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment; however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment. I agree to (circle one):  
RECEIVE      WAIVE      a spot test prior to application and I agree to release Erin Roberts from any and all liability related to allergic reaction or any other reaction to applied pigments.
10. \_\_\_\_\_ I have been told that allergic reactions to pigment are very rare, however, they can occur and when they occur they can be serious and especially difficult and very troublesome to treat.
11. \_\_\_\_\_ 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.
12. \_\_\_\_\_ I agree that should I have a complaint of any kind whatsoever, I shall immediately notify Erin Roberts and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and Erin Roberts or the breach thereof, shall be settled by arbitration in the state of Oklahoma in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.
13. \_\_\_\_\_ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Erin Roberts and the State Department of Health.
14. \_\_\_\_\_ 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.
15. \_\_\_\_\_ 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.

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Signature

Date