

# Standardized Form AAM

## Consent Form for Permanent Cosmetics



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I hereby request & consent to the application of permanent color & consent to the following procedures performed by:

\_\_\_\_\_

Please check any of the following which pertain to you:

- |  |                                      |   |   |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Eyeliner        | <input type="checkbox"/> Eyebrows    | <input type="checkbox"/> Lip Liner      | <input type="checkbox"/> Areola Re-pigmentation |
| <input type="checkbox"/> Scar Camouflage | <input type="checkbox"/> Beauty Mark | <input type="checkbox"/> Full Lip Color | <input type="checkbox"/> Other _____            |

**✓ Please read and initial the following statements:** **Initial**

- 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. \_\_\_\_\_
  
- I understand that with time pigment can and will fade and change color according to metabolism, skin type, medications, age, smoking, alcohol, sun exposure, Retin A and Glycolic Acids. \_\_\_\_\_
  
- 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. \_\_\_\_\_
  
- 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 ? \_\_\_\_\_
  
- I have received and acknowledged pre- and post-procedure instructions and agree to strictly adhere to such instructions. \_\_\_\_\_
  
- 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 & color of my skin. \_\_\_\_\_
  
- I understand the taking of before and after photographs of procedures are required. \_\_\_\_\_
  
- The known possible complications from micro-pigmentation 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 10 days the color will show more 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:** \_\_\_\_\_ **Practitioners Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_