

Standardized Form AAM

Informed Consent



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, is rare.

I, _____ acknowledge by signing below, that I have been given 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:

- | ✓ | Please read and initial the following statements: | Initial |
|-----------------------|---|----------------|
| <input type="radio"/> | 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. | _____ |
| <input type="radio"/> | I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed. | _____ |
| <input type="radio"/> | 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. | _____ |
| <input type="radio"/> | 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. | _____ |
| <input type="radio"/> | 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 make-up. 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 change in my appearance may not be correctable through further Permanent Make-up procedures. | _____ |
| <input type="radio"/> | For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). | _____ |
| <input type="radio"/> | I acknowledge that the obtaining of Permanent Make-up procedure(s) is made by 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). | _____ |

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 the procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature: _____ **DATE:** _____
 _____ **DATE:** _____
 (If under 18 - Signature of parent or legal guardian)

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

Witness Signature: _____ **Practitioners Signature:** _____
DATE: _____