



# Informed Consent for Micropigmentation Services

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*Micropigmentation, permanent makeup, permanent cosmetics and cosmetic tattooing are all the same procedure and the terms are used interchangeably. Microblading is also a form micropigmentation.

### Pertinent History

Do you wear contact lenses?  No  Yes (Must be removed prior to eyeliner treatment).

Are you using any of the following products:

Cortisone  Aspirin products  Omega Supplements  Other blood thinners  
 Steroids  Retin-A, Renova or Tretinoin  Antacids  AH/HA products

Do you have or have you ever had any of the following conditions:

Alopecia  Trichotillomania  Blepharitis (Inflammation of the eyelid)  
 Bruise easily  Conjunctivitis (only if current)  Cancer  Glaucoma  Cold sores

Contraindications for Micropigmentation:

Amyloidosis  Optic Herpes  Cardiac Valve Disease  Pregnant or breastfeeding

Have you had fillers or botulinum toxin (such as Botox) injections in the last 14 days? No  Yes

Do you have allergies to any of the medications or topicals listed below? Please circle:

Bacitracin Neosporin Iron Metals Glycerin PABA Latex  
Lidocaine Benzocaine Tetracaine Epinephrine Lanolin Novocaine

Do you need to take antibiotics prior to seeing your dentist?  No  Yes

Are you planning facial surgery or laser procedures?  No  Yes

If you are considering or plan to undergo any facial surgery or laser procedures, please discuss with your technician. This can alter the approach for permanent makeup.

### Photo Release

It is the policy of Junto Skin & Laser to take before and after photos of any micropigmentation treatment. This is for the purpose of comparing desired outcomes and results as well as treatment documentation.

In addition, we would like to use your photos to promote our work. Occasionally we may use a full-face shot but typically will only use cropped close ups of the work itself. You may also opt out of marketing use. **Please initial your consent below:**

I consent to the use of any photo

I consent to cropped use only

Do not use my photos

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Considerations & Consent

- I acknowledge that the process of permanent makeup has been explained to me. Color will be implanted into the skin and as a result, the skin color will be permanently altered.
- I have been informed that there will be discomfort & possibly pain involved in the procedure.
- I have been informed that there may be side effects such as swelling, bruising, minor bleeding, redness & soreness.
- I have been informed that permanent make-up color will fade after application. The technician makes no guarantees or promises as to how much color will be retained. Color may have to be reapplied for desired outcomes.
- The lips may feel dry & tight after a lip procedure for up to 2 weeks or more.
- Where there is a history of fever blisters or cold sores, they may occur with lip procedures. I understand that the best way to avoid this is to see my primary care physician (PCP) for a preventative Rx and/or use OTC Lysine for 2 weeks prior to the procedure.
- I understand that although every precaution is taken to ensure a safe treatment, there is a risk of eye injury from the cosmetic eyeliner tattooing.
- Secondary infection, although rare can occur with any tattooing procedure. Post care instructions have been given to me in writing & I acknowledge that these instructions must be followed to prevent infection & achieve desired outcomes.
- An allergic reaction (though rare) may occur from the pigment used. Every care is taken, and all pigments used are labeled as hypoallergenic. If a reaction occurs, I understand that although my technician will help in any way possible, I must also seek medical attention from my PCP. I agree to keep my technician informed of any treatment plans & outcomes of said treatment.
- I understand that I need to avoid Aspirin & other blood thinners prior to treatment as it will promote bleeding & bruising. Tylenol may be taken if needed.
- I have been informed not to wear contact lenses during eyeliner procedures.
- I have been informed to wait 1 year after any permanent makeup procedures prior to giving blood.
- I understand that the use of any cosmetic procedure will be subject to the terms of our service agreement.

11. I have been informed not to wear contact lenses during eyeliner procedures.
12. I have been informed to wait 1 year after any permanent makeup procedures prior to giving blood.
13. I have been informed that the use of sunscreen daily will help protect the color from fading.
14. I understand that there is a risk of pigment migrating or spreading to an undesired area which may resolve during the healing process or may result in the need for tattoo lifting or removal procedures.
15. I understand I need to inform medical professionals including MRI techs of my cosmetic tattoos. Aestheticians & laser techs should also be informed as their work can cause color fading or damage. Pigments may contain Titanium dioxide which can crystalize or turn black under a laser.
16. I understand that scarring is a risk with removal of micropigmentation.
17. I have been informed that in the case of new micropigmentation procedures over previously implanted pigment of unknown origin, there is a risk of allergic reaction being triggered which can include oozing, redness, itching which, in some cases may require medical attention.
18. I understand that there are no refunds given for this treatment & that it is common that a touch up is needed. I understand that the touch up must be performed within the specified period or it may incur additional costs.

**Release for Treatment**

I have read & understand these recitals. I have answered all questions truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications that can cause potentially serious adverse effects. I am aware that it is my responsibility to inform the technician of my current medical or health conditions & to update this history. The treatments I receive here are voluntary & I release this institution and/or the professional technician from liability & assume full responsibility thereof.

*Client Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_