



Advanced Skin Studio LLC
202 South 1st Avenue #100, Yuma, AZ 85364
928-482-6558

Disclosure & Consent for Tattoo/Dermal Procedures

I, _____ am requesting procedure/s called Micro pigment implantation, cosmetic tattooing, or permanent makeup. It is the process of implanting micro insertions of pigment into the dermal layer of the skin. This is a form of tattooing, I voluntarily allow Tina Lee as my cosmetic technician, to perform the following procedure/s:

___ Top Eyeliner ___ Lower Eyeliner ___ Eyebrow ___ Full Lip Color ___ Lip Liner

___ Other: _____

How did you hear about Advanced Skin Studio? _____

PLEASE READ & INITIAL:

___ Technician shall not perform procedure if client fails to complete or sign the disclosure authorization form & Technician may decline to perform procedures if client has any identified health conditions.

___ I hereby authorize TINA LEE to take photos of the work performed before & after treatment to be maintained in my file and may be used for advertising.

___ I understand this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so I may give or withhold my consent for this procedure.

___ The price of the Procedure is \$ _____. \$_____ is due at the initial visit and \$_____ at the time of the touch up (if needed). This price is valid within 90 days of the initial procedure. Advanced Skin Studio accepts cash and credit cards. Unfortunately we do not accept personal checks.

___ I have informed TINA LEE that I am in good health, and I am not under the care of a Physician.

___ I am currently under a care of a physician & I am being treated for the following:

Physicians Name _____ Phone _____

Address _____



___ I have been told there may be known and unknown risks and hazards related to the performance of the procedure/s planned for me & I understand no warranty or guarantees have been made as to the results.

___ I acknowledge the manufacturer of the pigment to be applied requires spot testing & specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate reaction to pigment, however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment.

___ I agree to (check one) ___RECEIVE ___WAIVE a spot test prior to application, I must wait 3 weeks before procedure/s can be done. A spot test is \$50 and will be applied to the procedure. I agree to release TINA LEE, assistants, & pigment manufacture/s from any & all liability to allergic reaction or any other reaction to applied pigments.

___ I understand cosmetic tattooing is considered permanent, & can be removed surgically & may leave scarring.

___ I have been told the allergic reaction to pigments are very rare, however, they do occur, & when they occur they can be serious & especially difficult & very troublesome to treat.

___ I have been told this procedure/s will involve pain & discomfort for some people.

___ I have been told that follow up procedure(s) may be required at an additional cost.

___ I have been told there is a chance I may experience a corneal abrasion (eyeliner tattoo).

___ I understand contact lenses cannot be worn during an eyeliner procedure.

___ Other risks involved may include, but not limited to: Infections allergic & other reaction/s to applied pigment/s, & products applied during & after the procedure, fanning or spreading of pigment, (pigment migration), fading of color & other unknown risks. Permanent makeup is not a "one size fits all" procedure meaning a particular pigment can heal different on everyone. There are many variables such as age, skin quality, medications, high acidity in the system, hormones, and diet that can be a factor in how certain colors will heal on certain people. Advanced Skin Studio LLC uses sterile tools and disposes the tools after single use. Skin infections could also form from improper aftercare, so it is imperative that Client follow the aftercare instructions given.

___ I accept full responsibility for any and all, present & future, medical treatment/s & expenses I may incur in the event I need to seek treatment/s for any unknown reason associated with the procedure planned for me.

___ I have been given an opportunity to ask questions about the procedure/s, products, risks & hazards involved, & I believe I have sufficient information to move forward with the procedure.

Signature

Date



Advanced Skin Studio LLC
202 South 1st Avenue #100, Yuma, AZ 85364
928-482-6558

MEDICAL HISTORY FORM

Client Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Hm Phone: _____ Wrk/Cell: _____

Email: _____

Are you now or have been under the care of a physician for a serious medical issue? Yes No
If Yes, please provide physicians name, phone #, also state the issue: _____

Person to contact in an emergency and phone #: _____

List all medications you are currently taking that might make you bleed such as anticoagulants, that thin the blood and interfere with clotting, including Retin A, Glycolic Acid, Acutane: _____

List any drug, food, skin, makeup allergies: _____

Do you have now or in the past a history of skin diseases, skin lesions or sensitivities to soap, disinfectants, etc.? If so, please list: _____

Have you recently undergone a skin peel? When? _____

List products used for skin care: _____

DO YOU HAVE OR EVER HAD THE FOLLOWING CONDITIONS YES NO:

- | | |
|---|--|
| <input type="checkbox"/> Abnormal Heart Condition | <input type="checkbox"/> Corneal Abrasion |
| <input type="checkbox"/> Cold Sores | <input type="checkbox"/> Eye Surgery/Injury |
| <input type="checkbox"/> Herpes Simplex | <input type="checkbox"/> Blepharoplasty (Eyelid Surgery) |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Visual Disturbances |
| <input type="checkbox"/> Prolonged Bleeding | <input type="checkbox"/> Cancer Type _____ |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Tumors/Growths/Cysts |
| <input type="checkbox"/> Epilepsy/Narcolepsy/Seizures | <input type="checkbox"/> Chemotherapy/Radiation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Are you Pregnant? |
| <input type="checkbox"/> Fainting Spells/Dizziness | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Do you wear contact lenses? |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Do you use tobacco products? |
| <input type="checkbox"/> Are you using any eye drops or ocular medications? | <input type="checkbox"/> Dry Eye |
| <input type="checkbox"/> History or hyper pigmentation from an injury? | <input type="checkbox"/> Are you currently taking aspirin/ibuprofen? |
| <input type="checkbox"/> Subject to rashes | <input type="checkbox"/> Sensitive skin |



Have you had permanent makeup done Before? When and by whom? _____

When was your last eye exam & examining physician: _____

Do you have any allergies to the following:

Antibiotics: _____ Soaps: _____ Metals: _____
Cosmetics: _____ Latex: _____ Alcohol: _____
Numbing Agents (Caine Derivatives): _____

Do you now or ever had any of these communicable diseases or infections:

Hepatitis: _____ Tuberculosis: _____ Gonorrhea: _____ Syphilis: _____ Herpes: _____ HIV: _____
Staph: _____ IV drug use: _____ Other information that could aid the technician in evaluating the tattoo
process and necessary aftercare: _____

PLEASE READ & INITIAL:

I acknowledge by signing this, that I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo from my artist, and that all my questions have been answered to my full and total satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below, and by initials I agree as follows:

____ I acknowledge that it is not possible for my technician to determine whether I might have an allergic reaction to the dyes, pigments or process used to perform the tattoo. I agree to accept the risk that such a reaction is possible.

____ I acknowledge that infection is always possible, particularly in the event that I do not take care of my tattoo. If I see signs of infection I will see a physician.

____ I acknowledge the receipt of written aftercare advising me of the proper care of my tattoo, and I recognize the absolute necessity for following these instructions.

____ I acknowledge that a tattoo is considered permanent, and any removal may leave permanent scarring and disfigurement.

____ I acknowledge that I am not under the influence of drugs or alcohol, or any intoxicating substance at the time of the procedure.

____ I agree to release and forever discharge and hold harmless my technician, and Advanced Skin Studio LLC from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo, or the procedure and conduct used to apply my tattoo.

ARTIST TO COMPLETE:

CLIENT TO COMPLETE:

Artist: _____ Client Name: _____

Date: _____ Client Signature: _____



COSMETIC TATTOO POST PROCEDURE INSTRUCTIONS

Please do not dispose of this aftercare sheet. We cannot express enough how important it is to follow these instructions carefully!

***If any signs of infection are seen in tattooed area, you must consult a physician.

For 5-7 days following Cosmetic Tattoo Procedures:

- *Blot brows/eyeliner with clean paper towel every 20 minutes for the first 2 hours.
- *Let the treated area(s) dry heal for the first 24 hours.
- *24 hours after your procedure, a natural oil or unscented lotion (your technician will suggest specific aftercare products) can be applied on the area **SPARINGLY** if dryness is felt. Do not use mineral oil or petroleum products.
- *No rubbing or picking scabs, allow it to flake off or come off with a wash. Absolutely NO scrubbing, cleansers, or chemicals until healed.
- *Do not soak treated area in bath, swimming pools or hot tubs, avoid heavy exercise and sweating for 5 days.
- *Be careful of pets/pet hair, remember you have open wounds!
- ***Do not expose the treated area to the sun.** Use sun block after the procedure has healed to prevent color fading.
- *Do not use makeup on the tattooed area for 5 days during healing. After 5 days a new tube of mascara can be used as if it's old it probably is full of bacteria. Do not use eyelash curlers or lash extensions for 3 weeks after procedures.
- *Nothing harsh on the skin for 30 days such as chemical peels, waxing, prescription creams, etc.

.....
Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection. Remember, colors appear brighter & more sharply defined immediately following the procedure and as the healing progresses, color will soften. **It is normal for the color to lighten significantly during the healing process, please do not be alarmed at this. More color can be deposited the second visit.** Final results cannot be determined until healing is complete.
.....

- *Touch up procedures must be done 30-90 days following the initial visit. If the 90 days expires, or if an additional touch up is desired, there will be an extra cost to the Client.

Signature

Date



Advanced Skin Studio LLC
202 South 1st Avenue #100, Yuma, AZ 85364
928-482-6558

Advanced Skin Studio Liability Waiver

By signing and initialing this waiver of liability form you are legally agreeing and adhering to the following terms & conditions:

Results are never guaranteed and we cannot control how the body responds to any treatment. We are 100% free of any liability associated with your personal results from any treatment preformed, you are selecting at your own risk. **Advanced Skin Studio LLC will not be slandered on any public forum** following any procedure or service preformed at the Studio. All concerns and any possible dissatisfaction must be **addressed with your specialist personally and not taken to social media of any form.** Slander and libel are serious offenses and legal action will be taken if any violations of any terms listed on this waiver are violated.

Advanced Skin Studio LLC is not responsible for any reactions/risks associated with any treatments preformed because YOU ARE SELECTING THIS SERVICE AT YOUR OWN RISK AND YOU ARE RESPONSIBLE FOR RESEARCHING AND KNOWING RISKS AND SIDE EFFECTS BEFOREHAND AND ARE LEGALLY SIGNING OFF THAT ADVANCED SKIN STUDIO LLC OR YOUR TECHNICIAN, TINA LEE WILL NOT BE HELD FINANCIALLY RESPONSIBLE FOR ANY OUTCOME.

By signing below you are agreeing that you have and understood everything stated above, you ensure that you have discussed each point above with your specialist and are aware that this decision is fully and totally yours. Your signature states that you understand and accept these terms.

Print Name: _____ Date: _____

Signature: _____