



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

## Disclosure, Warranty & Consent for Scalp Tattoo/Dermal Procedures

I, \_\_\_\_\_ have requested that you describe the procedure/s so I may make an informed decision whether or not to undergo the procedure/s. The procedure/s may be called Micro pigment implantation, cosmetic tattooing, scalp micropigmentation, 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:

### 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.

\_\_\_ 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 total price of the Procedure is \$ \_\_\_\_\_, and two follow-up visits are needed. The price of the procedure will be paid in three installments of \$\_\_\_\_\_, and each installment is due at the procedure visit. Advanced Skin Studio LLC 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 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. 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 permanent cosmetics and scalp micropigmentation are a tattoo & it is permanent, & can be removed surgically & will 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.

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. Advanced Skin Studio LLC uses sterile tools and disposes the tools after a 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, & the products to be used & the risks & hazards involved, & I believe I have sufficient information to go forward with this procedure.

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Name

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Date



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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:

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

## SCALP MICROPIGMENTATION 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:

- \*Let the treated area(s) dry heal for the first 24 hours.
- \*24 hours after your procedure, wash the scalp with a mild shampoo and apply a natural oil or unscented lotion can be applied **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 and/or a clean head covering after the procedure has healed to prevent color fading.
- \*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.** Touch up procedure(s) may or may not be necessary at an additional cost to the Client. Final results cannot be determined until healing is complete.

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Signature

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Date



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### **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: \_\_\_\_\_