



Body Beautiful of NY
Permanent Cosmetics/Micro Pigmentation

Consent Form for Cosmetic Tattooing Micro-pigmentation Visit

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND WHAT THEY MEAN BY INITIALING NEXT TO EACH PARAGRAPH

Initial: _____

1. I absolutely understand and accept that this procedure is a process, often requiring multiple applications of color to achieve desirable results and the 100% success cannot be guaranteed. _____
2. It has been explained to me and I understand that minor and temporary bleeding, bruising, redness, swelling, fading, or loss of pigment may occur. There is a rare risk of infection, missed place pigments, allergic reaction, fever blisters, corneal abrasion and/or color change with any cosmetic micro pigments. _____
3. If I had a permanent cosmetics procedure performed previously by another practitioner, I do not hold Body Beautiful of NY responsible for future allergic reactions or contraindications. _____
4. I have informed Body Beautiful of NY of any health problems. _____
5. I understand that Body Beautiful of NY Inc cannot guarantee the outcome of any permanent makeup procedure due to the unpredictability of the human skin. _____
6. I accept responsibility for helping to determine the color, shape, and position of my Cosmetic Tattooing Micro-pigmentation Service. _____
7. I have received, reviewed and understand the post-procedural instructions as given to me and agree to follow them. I understand the importance of strictly adhering to such instructions. _____
8. I understand that lip augmentation, Botox, Restlyne or any cosmetic surgery can change the positioning of my permanent makeup. _____
9. If I am a lens wearer , I realize I must keep my lenses out the day of the procedure. _____
10. If I insist on driving, I waive all responsibility to my practitioner and Body Beautiful of NY and I assume full responsibility that I can see to drive, perfectly. _____
11. I understand that this procedure will fade and this fading can alter the original pigment color due to circumstances beyond the control of Body Beautiful of NY. _____
12. I understand that I will need to maintain the color with future applications. Sun, skin care products, pool and other factors play a role in fading as mentioned in the aftercare instructions. _____

13. I realize this is an elective cosmetic procedure, not an exact science and is not medically necessary. There are no refunds upon treatment for this elective procedure. _____
14. I authorize Body Beautiful of NY Inc unrestricted use of before and after photographs to include but not limited to portfolio and teaching. Body Beautiful of NY Inc must have photos of all clients. _____
15. I give my consent to Body Beautiful of NY Inc to confer with my physicians for medical information required for the safety of my procedures. _____
16. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent make up color dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent make up. _____
17. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. _____
18. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclosure all test results to my practitioner. _____
19. I am aware that if an infection occurs after I have received permanent cosmetics I will see my primary care physician or an emergency room, immediately. _____
20. I am aware that Body Beautiful of NY Inc will use new pre-sterilized needle(s) and pigment(s) for all procedures and will follow OSHA standards and on all clients new gloves are worn for all procedures. _____
21. I understand that a patch test does not guarantee that I may not develop and allergic reaction in the future. _____
22. I understand the fee that Body Beautiful of NY quotes for the procedure I've requested, does not include my follow up visit to complete the original work. I understand that everyone's skin is different and may require additional visits for more color application to achieve desirable results. **Additional visits incur an additional fee.** _____
23. I have received no unrealistic warranties or guarantees with the respect to the procedure being performed. _____
24. Your signature below represents consent for Permanent Cosmetic services and shall remain in effect during the entire period you remain a client of Body Beautiful of NY. _____
25. I acknowledge by signing this consent form. I have been given the full opportunity to ask any and all questions about permanent makeup procedures and processes from my permanent makeup practitioner and/or her associates. _____

Are you pregnant?

Yes

No

Is your Health History the same as your last visit?

Yes

No

If NO, then please specify _____

ACCEPTANCE:

I have read and understand these risks listed above and they have been explained to me. **I DID NOT JUST SIGN THIS DOCUMENT.** I certify that the information in the above questionnaire is accurate and that it has been explained to me in detail and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request.

Signature of Client _____ Date ____/____/____

If client under the age of 18, signature of guardian _____

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

Permanent Cosmetic Practitioner _____ Date ____/____/____

SCRATCH TEST CONSENT:

I received a patch test on _____(date) and have had no adverse side effects. The patch test was completed prior to the procedure and releases the certified Micropigmentation/Permanent Cosmetic practitioner of Body Beautiful of NY from any liability related to any allergies or other reaction to applied pigments.

The Scratch Test was waived because:_____

Are you pregnant?

Yes

No

ACCEPTANCE:

I have read and understand these risks listed above and they have been explained to me. I DID NOT JUST SIGN THIS DOCUMENT. I certify that the information in the above questionnaire is accurate and that it has been explained to me in detail and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request.

Signature of Client _____ Date ____/____/____

If client under the age of 18, signature of guardian _____

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

I.D. Verification _____ Date ____/____/____

Permanent Cosmetic Practioner _____ Date ____/____/____