

**CONSENT FOR APPLICATION OF
PERMANENT COSMETIC PROCEDURE**

NAME: _____ DATE _____ DOB _____

ADDRESS: _____

I, _____ am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. X _____ Initials

PROCEDURE(S): _____

PROCEDURE PERFORMED BY LISA MCNABB AT 508 NORTH BROADWAY UNIT A, BOZEMAN, MT 406-580-2644

VERY IMPORTANT YOU READ THOROUGHLY

I have been informed of the nature, risks and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. If you should experience symptoms of infection such as fever, swelling, redness or drainage you must contact your physician. Corneal abrasions are a rare side effect, but it does happen on occasion, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. Occasionally dilation of pupils happens if this occurs, it is temporary. But you should have a driver on standby in case you cannot drive. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). X _____ Initial

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. X _____ Initial

I have received both verbal and written pre- and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X _____ Initial

With your permission, I would like to take before and after photographs of the said procedure(s). **YES or NO**

I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

CLIENT _____ DATE _____

PARENT OR LEGAL GUARDIAN _____ DATE _____

TECHNICIAN _____ DATE _____

