**Possible Risks, Hazards, or Complications**

Pain: There can be pain even after the topical anesthetic has been used. Anesthetics

work better on some people than others.

Infection: Infection is very unusual. The areas treated must be kept clean and only

freshly cleaned hands should touch the areas. See "Post-instructions” for more details.

-Uneven Pigmentation: This can result from poor healing, infection, bleeding or many

other causes. Your follow up appointment will likely correct any uneven appearance.

Asymmetry: Every effort will be made to avoid asymmetry but our faces are not

symmetrical so adjustments may be needed during the follow up session to correct any

unevenness.

Excessive Swelling or Bruising: Some people bruise and swell more than others. Ice

packs may help and the bruising and swelling typically disappears with 1-5 days. Some

people don't bruise or swell at all.

·Anesthesia: Topical anesthetics are used to numb the area to be tattooed. Lidocaine 3-5%, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically

used. If you are allergic to any of these please inform us.

MRI:

Because pigments used in permanent cosmetic procedures contain inert oxides, a

low level magnet may be required if you need to be scanned by an MRI machine. You

must inform your technician of any tattoos or permanent cosmetics.

. Allergic Reaction: There is a small possibility of an allergic reaction. You may take a 5-7

day patch test to determine this. Please initial to: Waive or Take

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who referred you? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disclosure and consent for permanent cosmetics and dermal procedures. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a client have requested that you describe the procedure. You have described the recommended procedure to be used as Micro pigment/ink implantation, the process of implanting micro insertions of pigment/ink into the dermal layer of skin. Micro pigment/ink implantation is a form of tattooing used for the purpose of permanent cosmetics makeup and skin imperfection camouflage. I voluntarily request as my permanent cosmetic technician, L-TRANsformation and such association and technical assistance as she may deem necessary to perform on my body the following procedure(s):

Please Initial for consent/agreement:

\_\_\_\_\_ I hereby authorize the release of medical information to L-TRANsformation

\_\_\_\_\_ I understand that no 100% warranty or guarantee has been made to me as to the results of the procedure because the results are determined in part by the nature of the pathology of my skin type but not limited to the following factors: a) medication b) skin characteristics: dryness, oiliness, sun-damage, thickness, color chemically-damaged and etc. c) my skin color blending with pigment colors, d) ph balance of my skin, e) alcohol intake, smoking, etc. f)after care treatments g) current state of health.

\_\_\_\_\_ I understand that there is possibility of hyper pigmentation (scar healing darker) from a procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

\_\_\_\_\_ I have been told that there may be risks and hazards related to the performance of the procedure planed for me.

\_\_\_\_\_ I understand that a certain amount of discomfort is associated with this procedure. It has been explained to me that the following possibility may occur upon completion of the procedure: Minor and temporary bleeding, bruising, redness or other discoloration of the skin; swelling; fever blisters on the lip area following lip procedures in individuals prone to them; eyelash loss for eyeliner procedure, possible scaring, pigment. It has been explained to me that I must inform the radiologist that I have iron oxide permanent makeup pigment if I am to receive a MRI.

\_\_\_\_\_ I understand that the markings are permanent and there is a risk of secondary infection following the procedure.

\_\_\_\_\_ I understand that a follow up procedure may be required and that the color of pigment may fade

\_\_\_\_\_ I understand that there is a chance of allergic reaction to pigment and that my body may reject the pigment

\_\_\_\_\_ I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle.

\_\_\_\_\_ I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and believe that I have sufficient information to give this informed consent.

Use of photos

\_\_\_\_\_ I hereby authorize L-TRANsformation to take photos of the work performed both before and after treatment client record keeping.

\_\_\_\_\_ I further authorize the use of photos for advertising, exposition displays, trade, teaching materials and any other lawful purposes

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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