

Consent and Release Agreement for Permanent Cosmetics Procedure

Mele Wahine Permanent Cosmetics

1040 2nd St, Encinitas, CA 92024 760-213-5000

www.melewahine.com

Name of Releasor (client): _____

◆ Who resides at (street address) _____

◆ (city) _____ (zip) _____ (phone)(_____) _____ - _____ (alt. phone)(_____) _____ - _____

◆ Date of Birth _____

◆ Please list your Emergency Contact Below:

◆ Name: _____

◆ who resides at (street address) _____

◆ (city) _____ (zip) _____ (phone)(_____) _____ - _____ (alt. phone)(_____) _____ - _____

AGREEMENT

1. DESCRIPTION OF THE PROCEDURE

A. This procedure will implant permanent color to the eyebrows, eyeliner, lips, or other desired area using pre-sterilized, 100% disposable SofTap Hand Tools.

These tools are made of plastic with surgical stainless-steel needles on the end. They are used to gently tap permanent cosmetic pigment into the skin.

2. WHAT TO EXPECT FROM THIS PROCEDURE

A. There may be minor swelling and or irritation following this procedure. With proper care, healing should take place within 5-10 days, depending on the individual. See below for risks, the possibility of medical complications, and post treatment instructions.

3. ACKNOWLEDGEMENT OF THE RISKS OR COMPLICATIONS ASSOCIATED WITH THE PERMANENT COSMETIC TATTOO PROCEDURE.

A. The Releasor has been informed by the Releasee of the possible dangers that may occur because of having a permanent cosmetic tattoo procedure performed. The Releasor acknowledges that those dangers may include eye injury from the permanent cosmetic eyeliner procedure, allergies from pigment used in the procedure(s), fever blisters or cold sores from the permanent lip procedure, swelling, bruising (although rare), temporary minor bleeding, redness or pinkness, and soreness. The Releasor understands and acknowledges that the permanent cosmetic tattoo procedure may permanently alter the appearance of the Releasor's face, which may or may not be desirable to the Releasor.

B. Now, the Releasor having been fully and completely advised of all inherent risks, dangers, and complications which may arise from a permanent cosmetic tattoo procedure, voluntarily assumes all and any risks, dangers, or complications which may arise as a result of a permanent cosmetic tattoo procedure. To help minimize any risks, the Releasor will answer Yes or No to the following conditions to describe if the Releasor has any of the following medical conditions:

IF YES, EXPLAIN

1. Keloid Yes No Location: _____
4. Diabetes Yes No _____
5. Alcoholic Yes No _____
6. Epilepsy Yes No _____
7. Under 18 yrs. Old Yes No

If yes, the client must wait until at least 18 years of age to have permanent makeup, with the exception of areola procedures with a doctor's note and parental permission (See California AB300 Article 2, 119302 d)

8. Using Accutane Yes No _____
9. Using Retin-A Yes No _____
10. Bleeding disorders Yes No _____
11. Pregnant or nursing Yes No

If yes, then you cannot receive permanent makeup at this time.

12. Active Skin Disease Yes No _____
13. Autoimmune Disorders Yes No _____
14. Hepatitis Yes No _____
15. Blood Disease Yes No _____
16. Cold Sores Yes No _____
17. Herpes Yes No _____
18. Cancer Yes No _____
19. Tuberculosis Yes No _____
20. Steroids Yes No _____
21. Chemical Peel Yes No _____
22. Using Glycolic Acid Yes No _____
23. Other Tattoos Yes No _____
24. Heart Condition Yes No _____

25. Allergies to ANY medications or topical salves such as Bacitracin, Lanolin, Lidocaine, Novocain, Metals, Neosporin, Paba, Rubber Gloves, Latex, Epinephrine, Tetracaine, Benzocaine? Are you **allergic** to any Antibiotics? Yes No, If yes, please list _____

26. Medication use history Yes No

If yes, please list _____

27. Taking Medication Now? (Including prescribed antibiotics prior to dental or surgical procedures?)

Yes No If yes, please list _____

28. Any other diseases, infections, active medical issues?

Yes No _____

29. Taking Blood Thinners such as Aspirin, Coumadin, Alcohol, or Ibuprofen?

Yes No _____

30. Lots of sun exposure? Yes No _____

31. Any lash growth serums? (You must stop them 2-3 months prior to eyeliner procedure)

Yes No _____

32. Do you use tanning products

Yes No _____

33. Do you use a tanning bed?

Yes No _____

34. Any recent surgeries? Yes No _____

35. Planning cosmetic surgery?

Yes No _____

36. Currently under doctor's care?

Yes No _____

37. Trichotillomania Yes No _____

(Compulsively pulls out lashes, brows, and other hair which grows out of the body)

38. Brow or lash tinting Yes No If Yes, when was the last tint performed? _____

39. Contact lenses Yes No _____

Please remove for eyeliner procedure and resume wear after 1 week or until after permanent eyeliner has healed and sealed itself.

40. Alopecia Yes No Which kind? _____

41. Amyloidosis (autoimmune)

Yes No If yes, then you cannot receive permanent makeup.

42. Optical Herpes Yes No If yes, then you cannot receive permanent eyeliner.

43. Mitral Valve Prolapse.

Yes No _____

44. Cardiac Valve Disease

Yes No If yes, then you cannot receive permanent makeup.

45. Any Surgeries . Yes No Please List _____

PATCH TEST WAIVER

The Releasor acknowledges that the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. The Releasor understands spot testing may identify individuals who develop an immediate allergic reaction to pigment; however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment. I agree to (initial one):

_____ Waive patch test and I agree to release the owner of this establishment, assistants, artists, and pigment manufacturer(s) from all liability related to allergic reaction or any other reaction to applied pigments.

_____ Take a 6-week patch test prior to the permanent cosmetic facial tattoo procedure. I agree to release the owner of this establishment, assistants, artists, and pigment manufacturer(s) from all liability related to allergic reaction or any other reaction to applied pigments.

The Releasor agrees to accept full responsibility for the COLOR, SHAPE, AND THICKNESS of each procedure that the Releasor will have performed by the Releasee which is to include but not limited to the eyeliner, has been verbally told them, understands them, and agrees to adhere to them to help prevent infection.

The Releasor understands that follow-up procedures may be required.

CONSENT TO PERMANENT COSMETIC PROCEDURE

The Releasor fully and voluntarily consents to have the release perform the permanent cosmetic procedure(s) and is fully aware and informed of all and any inherent risks, dangers, and complications that may occur because of the procedure(s) as described in this agreement. The Releasee has reviewed the medical history of the Releasor and has answered all the Releasor's questions satisfactorily.

RELEASE OF ALL CLAIMS

For the Releasee to perform any permanent cosmetic procedure on the Releasor for which the Releasee is volunteering to have performed after having been fully informed of all dangers and risks involved as described in this agreement including but not limited to swelling, allergy to pigment, pain, infection, redness, soreness, eye injury, and itching.

I _____, voluntarily request that the Releasee performs such procedure(s) and I, for myself, my respective heirs, assigns, administrators, personal representatives, and next of kin, hereby will forever release and hold harmless the Releasee, management, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, damages, or liabilities that may result from the permanent cosmetic procedure(s) as described in this agreement including costs of medical care that may arise from the procedure including post-op care. The Releasor acknowledges that no other claims or guarantees have been made by the Releasee other than is expressly written in the agreement.

In witness whereof both parties, the Releasor and the Releasee enter into this agreement by their signatures below on the date opposite their names.

Signature of Releasor _____ Date _____

Signature of Releasee _____ Date _____

RECITALS

- a. Notice that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and that the health consequences of using these products are unknown. (CA119303A4)
- b. the Releasor wishes to have the permanent cosmetic procedure(s) performed by the Releasee.
- c. The Releasor has been informed by the Releasee that permanent cosmetics is the same as tattooing. Therefore, the facial area will be cosmetically tattooed. Color will be implanted into the skin and as a result the skin color will be permanently altered.
- d. The Releasor has been informed by the Releasee that there is pain involved in the procedure(s).
- e. The Releasor has been informed by the Releasee that there may be adverse side effects such as swelling, bruising (extremely rare), temporary minor bleeding, redness or pinkness, and soreness.
- f. The Releasor has been informed by the Releasee that the permanent cosmetic facial tattoo procedure is a process and there will be some fading of the color. The Releasee has made no guarantees or promises to the Releasor as to how much color will be retained or how the color will fade. Color may have to be reapplied to the desired area before satisfaction of the desired color is obtained. The Releasor has been informed by the Releasee that there will be a minimal charge for each re-application of the color.
- g. The Releasor has been informed by the Releasee that pigment may migrate or spread to an undesired area.
- h. The Releasor has been informed by the Releasee that the lips may feel dry and tight after the lip procedure.
- i. The Releasor has been informed by the Releasee that eye injury may occur from the cosmetic eyeliner tattoo procedure.
- j. In the event of a diagnosed allergic reaction, the Releasor agrees to have a punch biopsy to determine certainty regarding the cause.
- k. The Releasor has been informed by the Releasee that an infection can occur, although rare and that post-op procedure care instructions will have to be followed to help prevent this from occurring.
- l. The Releasor has been informed by the Releasee that an allergic reaction may occur from the pigment used in the permanent cosmetic facial tattoo procedure.
- m. The Releasor has been informed by the Releasee that pigment may be accidentally misplaced which may result in a permanent disfigurement.
- n. The Releasor has been informed by the Releasee that fever blisters or cold sores may occur after the permanent cosmetic lip procedure, if the Releasor is prone to having them. The Releasor has been informed by the Releasee to obtain an appropriate oral prescription and take as prescribed to help minimize an outbreak of fever blisters.
- o. The Releasor has been informed by the Releasee that as a safety precaution the Releasor should not drive for at least eight (8) hours or at least have someone accompany them after the permanent cosmetic eyeliner procedure.
- p. The Releasor has been informed by the Releasee not to take any aspirin or Ibuprofen before the permanent cosmetic facial tattoo procedure as it may promote bleeding.
- q. The Releasor has been informed by the Releasee that a low-level magnet may be required if the Releasor is ever scanned by an MRI (Magnetic Resonance Imaging) machine because pigments used in the permanent cosmetic procedure(s) may contain inert oxides. The Releasor agrees to inform the MRI technician of these circumstances. One out of 1000 people may be sensitive to any MRI. Further information is available at WWW.MRIsafety.com.

r. The Releasor has been informed by the Releasee not to wear any contact lenses during the permanent cosmetic eyeliner procedure.

s. The Releasor has been informed by the Releasee to wait one year after a tattoo procedure before donating blood.

t. The Releasor has been informed by the Releasee to inform medical personnel or professional esthetician of your cosmetic facial tattoo if a chemical peel, MRI, or plastic surgery is to be performed near or over the cosmetic facial tattoo.

u. The Releasor has been informed by the Releasee to use sunscreen daily because constant exposure of the cosmetic facial tattoo to the sun may fade the color or even cause irritation to the skin.

v. The Releasor has been informed by the Releasee that any effective removal method of permanent cosmetic tattoo may result in scarring and/or a permanent disfigurement.

w. The Releasor has been informed that some pigments contain Titanium Dioxide and that under a laser, this substance can crystallize and turn black.

x. The Releasor has been told that in the case of permanent cosmetic tattoo over previously tattooed pigment of an unknown origin, there is a possibility that when needles enter previously tattooed work, an allergic reaction can be triggered which can result in oozing, redness, itching and may have to be excised or lasered to calm down the allergy.

The Releasor, having read and been verbally told of all the above Recitals by the Releasee, nevertheless, desires to have the permanent cosmetic facial tattoo procedure(s) performed by that Releasee and is willing to enter into this agreement.

The Releaser has been given an opportunity to ask questions about the procedures and the implements to be used and the risks and hazards involved and believes that he/she has sufficient information to give this informed consent.

I have read, been verbally told, and understand each of the above recitals.

_____ (customer signature) (date)

Photographer's model release

I the Releasor consent to have my picture taken by the Releasee for Before and After photos, record-keeping purposes, and any portfolio related work/workups as the Releasee sees fit.

_____ (customer signature) (date)