



METROPOLITAN
ANTI-AGING • BEAUTY • WELLNESS

Name _____

Date of Birth _____

PERMANENT COSMETICS CONSENT FORM (MICROPIGMENTATION)

I understand that micropigmentation/permanent cosmetics is a form of "cosmetic tattooing"; used to enhance facial features, camouflage, and add color correction to post surgical procedures. I understand this is a cosmetic tattoo process and therefore not an exact science, but an art. Micropigmentation is considered an enhancement and it is not a realistic expectation that this procedure will totally replace conventional makeup and / or camouflage.

Please initial next to each item:

_____ English is my main language. **YES / NO (circle one)**

If **YES**, I read and understand English. I accept the responsibility to ask for more information if I don't adequately understand the contents of each paragraph including all the information given or explained to me regarding this procedure.

If **NO**, I have _____ present with me today
Interpreter Name (Please Print) Interpreter Signature

to interpret for me. I have initialed this consent in all areas with the help of my interpreter whom I trust to interpret for me and I understand that it is my responsibility to ask for more information if I don't adequately understand the contents of each paragraph including all the information given to me or explained to me regarding this procedure.

_____ I am over 18 years of age and the documentation/drivers license I supplied to The Metropolitan Clinic is valid and accurate.

_____ I am not under the influence of drugs or alcohol, and have not had suicidal thoughts or tendencies.

_____ I am not pregnant or nursing.

_____ I acknowledge I have been informed that 3 sessions are recommended; the initial application and 2 touch up visits that must be completed within six (6) months of the initial application. Subsequent visits are scheduled three (3) weeks apart. A color refresh is recommended every 1-3 years to maintain your result. Some camouflage and correction procedures may take more than 3 sessions to achieve desired result.

_____ I understand Micropigmentation involves a series of treatments to achieve optimum results and the fee structure has been fully explained to me. The fee is for the series of treatments purchased. There will be a charge for any additional treatments.

_____ Services purchased are non refundable unless the Metropolitan is unable to perform the treatment(s).

_____ No representation, warranty, or guarantee has been made to me as to the specific results of Micropigmentation, which results may be different from what I expect. No refund is given on any treatment.

_____ I accept responsibility for determining color, shape, and position of the pigments to be applied. I understand the actual color of the pigment may be modified slightly due to the tone, color, and overall health of my skin.

_____ I understand that all needles are sterile and are single use for every patient.

_____ I understand and agree that topical and local anesthetics may be used by my technician for pain control during my treatments.

_____ I understand that Micropigmentation fades during the first 1-2 weeks after each procedure. I understand that is why touch up applications are necessary. I also understand that facial products containing acids, retinols, and any chemical that will lighten my skin will lighten my Micropigmentation, as well as some laser treatments. In addition, I agree to use St. James Shaded Sunscreen when exposed to intense sunlight or tanning beds.

_____ I have received 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 inform my technician. If I have ever had cold sores, I will consult with and strictly follow my doctors instructions before contemplating any Micropigmentation procedure around the lip area.

_____ I understand and agree that photographs will be taken before and after each procedure(s).

Although complications are infrequent following Micropigmentation treatments, I understand the following side effects or complications may occur or are theoretically possible and could happen to me.

_____ Pain—Minimal discomfort, if any, a burning sensation or very mild pain in the first few hours after the procedure.

_____ Redness—Or a "hot" feeling (like a light sunburn) can occur and should resolve in a few hours to a few days.

Continue form on backside (page 2)

Please initial next to each item:

- _____ Wound Healing—Light flakiness may occur 3-5 days after procedure.
- _____ Skin Tightness—Sensation of skin tightness (if applicable) peaks at 3-8 weeks post treatment.
- _____ Skin Itchiness—Pruritis or itching in the early healing phase can occur. Use St. James Ultra Calm to soothe and relieve itching.
- _____ Herpes Simplex Dermatitis—Occurrence or reoccurrence of herpes simplex dermatitis, particularly if not pre-, intra-, and post-procedure treated with a systemic antiviral medication such as Zovirax. Please inform your technician of symptoms and history and (if needed) a medication will be prescribed.
- _____ Hyper/Hypopigmentation—Color changes such as hyperpigmentation (brown/red discoloration) or Hypopigmentation (skin lightening) may occur in treated skin, especially in darker skinned people. This may take several months to resolve, if at all. These complications are almost always caused by sun exposure before or after the treatments, therefore sun exposure is contraindicated and St. James SPF 30 Sunscreen must always be used.
- _____ I have been informed of the nature, risks, and possible complications and consequences of MICROPIGMENTATION. I understand the Micropigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning, or fading of pigments.
- _____ Corneal abrasions are a rare side effect, but possible, especially if I rub or scratch my eyes or apply contacts too soon after an eyeliner/lash enhancement procedure.
- _____ There is a possibility of an allergic reaction to pigments. A patch test will be given, however this test does not eliminate the possibility of an allergic reaction.

My technician has explained the Micropigmentation process to me. I have been given a copy of pre and post treatment instructions and have consented to abide by the instructions. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I understand the procedure, risks, benefits, and alternatives. I accept the risks and request that Micropigmentation procedures be performed on me by a qualified technician. I hereby release my technician and The Metropolitan Clinic, LLC from all liabilities associated with the above indicated procedure.

I certify I have read, fully understand and have initialed the above paragraphs. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction.

Client Signature _____ Date _____

Technician Initials _____ Date _____