



@Micropigmentation CosMed.ink  
INFO@COSMED.INK

**CONSENT FOR MEDICAL AND COSMETIC MICROPIGMENTATION/TATTOOING**

Print name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City : \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email : \_\_\_\_\_

I understand and agree that by signing this agreement I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a micropigmentation/tattoo and all of my questions have been answered to my full satisfaction. I specifically understand and agree that I have been advised of the facts and matters set forth below and I agree as follows:

**PROCEDURE**

- I hereby authorize \_\_\_\_\_ to perform the following micropigmentation procedure: Eyeliner Eyebrows Lip Liner Full Lip Color Scar Camouflage Beauty Mark Trichopigmentation Areola/Nipple Dermopigmentation Hare lip Other \_\_\_\_\_
- I understand the nature of the procedure and understand that the procedure will result in a change in my appearance and that no representations have been made to me as to the ability to later change or remove the result.

- I accept responsibility for determining the shape, color, and position of the pigment to be applied and understand that my skin color, texture, tone and history may modify the final color of the healed pigment.
- I understand that there exists an uncertainty as to the duration of the result independent of the operator and the technician.

### **RISKS**

- I understand that the known complication of micropigmentation include: redness, swelling, puffiness, bruising, dry patches, tenderness, bleeding, infection, color loss, delayed wound healing. In addition to these potential risks, there may be other unpredictable risks.
- I understand that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure and agree to accept the risk that a reaction is possible.

### **RESULTS**

- I realize that my body is unique and understand that with time, pigment can fade and change color due to my metabolism, skin type, scar tissue, eczema, acne, compromised skin, past and future medical treatments, current and future medications, my age, sun exposure, alcohol intake, smoking habits, peeling and Retin-A, and Glycolic acids. I further understand that the practitioner cannot predict how my skin will react as a result of the procedure.
- I understand that the semi-permanent make-up will be darker during the 4- to 10-day healing period and will gradually fade by 20 to 50 % during that period. It is mandatory to make an appointment 4 to 6 weeks after the procedure for touch-ups so as to fix the pigment.  
I understand that by skipping this step, the 2 to 5-year expected duration of the permanent make-up could be affected.  
I acknowledge having become familiar with the care and precautions to take during the 10-day period after the intervention.
- I understand that laser treatments, skin altering procedures, plastic surgery, implants, radiation, and/or injections may alter and degrade my procedure results and that such changes may not be correctable through further procedures. I understand that my micropigmentation/tattooing can only be done two months after the end of chemotherapy and with the authorization of my physician. I further understand that such changes are not the fault of the technician.
- I understand that Areola-Nipple dermopigmentation, may require a touch up treatment/procedure if working on skin that has been compromised (scar tissue, stretched skin/stretch marks, radiated skin) they will lose some of the color. I further understand that working on compromised skin, the dermis may be thinner or have less color retention.
- I understand that no guarantee has been made to me concerning the results that may be obtained from this procedure and that the professional recommendation is to aim for a natural look.
- I understand that there is no warranties or guarantees, implied or specific about my outcome.

**CONSENT**

- I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent risks of the procedure I seek, as well as those additional risks and complications, benefits, and alternatives.
- I consent to be photographed and/or video recording before, during and after the procedure and understand that such photographs and/or video recording may be used for publications, education and marketing. I consent to the above, without expectations of payment to me or in the future.
- I hereby release Micropigmentation CosMed.ink, its agents and representatives from all liability in connection with the above.
- I acknowledge that the obtaining of the procedure is my choice alone, and I consent to the application of the procedure and its attendant risks and to any actions or conduct of the technician reasonably necessary to perform the procedure.

**LIABILITY**

- I acknowledge that the technician is an independent contractor or leases space and is in no way affiliated with the physician's office and or Spa Studio in which the technician performs the procedure and that I hold harmless the physician, office, hospital, facility and Spa Studio from all liability from the performance of the procedure.
- I am over 18 years old.
- I am not pregnant.
- I am not haemophiliac.
- I do not suffer from hypertension, hepatitis, Aids or any contagious illness.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of technician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_