



Perfect Touch Aesthetics Informed Consent Form

Clients Name: _____ Date: _____

The nature and method of the proposed cosmetic tattoo procedure has been explained to me by my technician, including the unusual risks inherent in the procedure process, and the possibility of complications during and following the procedure. I understand there may be a certain amount of discomfort or pain associated with the procedure and other adverse side effects may include minor and temporary bleeding, bruising, swelling, redness and other discolorations. Fading or loss of pigment may occur or no color may occur. Unevenness in design may occur due to swelling. Secondary infection in the area of the procedure may occur, however, if all provided aftercare instructions are followed, it is rare. _____ (init.)

- I have informed my technician of all health problems. _____ (init.)
- I acknowledge that complications, including infection and/or allergic reactions, may result from a cosmetic tattoo procedure, particularly if the aftercare instructions are not followed. _____ (init.)
- I acknowledge that it is not possible to determine whether I might have an allergic reaction to the pigments, dyes, topical preparations or processes used during the procedure. I agree to accept the risk that such a reaction, although rare, is possible. I have informed my technician of any known allergies. _____ (init.)
- It has been explained to me that immediately after the procedure is completed, the color will appear dark and the design will appear thicker than expected. I understand within a short period of time (usually 5-7 days) the color will lighten/soften and the design will become thinner during the healing process _____ (init.)
- I acknowledge that hyperpigmentation (darkening of the skin), hypo-pigmentation (absence of color in the skin) or scarring may result from my body's reaction to the skin being broken during the procedure. I realize that my body is unique and my technician cannot predict how my body will react to the procedure. _____ (init.)
- I acknowledge that the procedure will result in a permanent change to my appearance and understand that no representations have been made about the ability to later change or remove the results. Tattoo removal is a surgical procedure which may cause scarring and/or disfigurement _____ (init.)
- I accept full responsibility for determining the color, shape and position of the pigments that will be applied. I understand the actual, healed color of the applied pigment may change slightly because of my own unique skin undertones. _____ (init.)
- I understand that future laser treatment, plastic surgery, implants, injections and other skin altering procedures may alter and degrade my cosmetic tattoo procedure. I further understand that such changes are not the responsibility of my technician or Perfect Touch Aesthetics Studio and such changes in my appearance may NOT be correctable through further cosmetic tattoo procedures. _____ (init.)
- I understand that tattoos may cause MRI (magnetic resonance imaging) artifacts. According to many medical professionals, there is about a 2% chance of a response. Within that 2%, almost all will feel a warming and/or tingling sensation in the tattooed area during the MRI because of the iron oxide properties of some of the pigments. There are no documented cases of severe reactions. I understand I should advise my physician of my permanent cosmetics if an MRI procedure is prescribed. If I am one of the rare few who have an MRI reaction I will not hold my technician, Perfect Touch Aesthetics or the pigment manufacturer liable _____ (init.)
- I understand that cosmetic tattooing is an art form and NOT an exact science and I acknowledge that NO guarantees have been made about the procedure results, including the amount of color my skin will retain. Note - some skin types will not accept or heal pigment in a consistent manner or at all. Your skin type and your aftercare diligence will determine your final result. I realize my skin is unique and my technician cannot predict how my skin may react to the procedure or how it may accept color. I also understand my technician cannot predict how many treatments will be required to complete the procedure. I fully understand NO GUARANTEES



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ON THE RESULTS ARE MADE BY MY TECHNICIAN OR BY PERFECT TOUCH AESTHETICS. _____
(init.)

- *Applies to lip procedure only.* I am aware that the Herpes-Zoster 1 virus (fever blister or cold sore) may manifest from the lip procedure due to trauma to the lip tissue. The lips may be pre-treated with an antiviral medication provided by my doctor. This is my responsibility. Pretreatment with an antiviral medication does not guarantee I will not have an outbreak. _____ (init.)
- The fees for my cosmetic tattoo procedure(s) have been explained to me. I understand the initial procedure, touch-up and maintenance procedures all have separate fees. I also understand the fee for services rendered is due upon completion. _____ (init.)
- I authorize my technician and Perfect Touch Aesthetics to obtain pre and post-procedural photographs of my treatment and give both permission to use such photographs for publication _____ (init.)
- I have been given all of the facts about cosmetic tattooing and I fully understand the policies of Perfect Touch Aesthetics. I have been given full opportunity to have all of my questions answered. My approval is given on this document BEFORE the final selection of color and final design approval. My technician and Perfect Touch Aesthetics employs a NO REFUND policy and I accept this. _____ (init.)
- My technician and Perfect Touch Aesthetics has the right to refuse service to anyone at any time for any reason. _____ (init.)
- I acknowledge the receipt of written instructions advising me of the proper care of my procedures and ointment from my technician. I understand the absolute necessity of following these instructions. _____ (init.)
- This contract is to remain in effect for as long as I remain a client of my technician and/or Perfect Touch Aesthetics and all of its contents apply whenever work is being performed on myself by my technician. It is my responsibility to inform my technician if any changes have occurred in my medical history _____ (init.)
- Currently, the FDA has not approved any tattoo pigment. PTA uses PermaBlend pigments which did pass ResAP and have their CTL Certificates in Europe prior to REACH. Perna Blend's manufacturing facility was also recently awarded an ISO 13585 certification which is required for facilities that make medical equipment. Perma Blend uses the highest quality ingredients. The ingredients are a combination of pigments, glycerin, witch hazel, aqua, rosin, benzyl alcohol, and isopropyl alcohol. It is gamma-ray sterilized, vegan and cruelty-free.

I have read and understand the contents of each paragraph above. I received no unrealistic warranty or guarantees from my technician or Perfect Touch Aesthetics regarding the benefits to be realized from or consequences of the aforementioned procedure(s) _____ (init.)

I, _____, acknowledge by signing this consent form agree to all its contents and have been given the full opportunity to ask any and all questions about cosmetic tattooing procedures, its processes and the risks involved with my technician. The decision to have cosmetic tattooing procedure(s) performed is my own and I understand and accept all risks involved, thereby releasing the technician and Perfect Touch Aesthetics from any and all legal liability. I fully understand the final results of my treatment will be affected by the way my skin accepts pigment and by how carefully I follow the after-care instructions. I understand there will be NO REFUNDS for any reason - no exceptions. I accept this and all contents of this document.

Client Name (signature) _____ Date _____

If under 18:
parent or legal guardian signature _____ Date _____

Technician _____ Date _____