



DISCLOSURE AND CONSENT FOR INTRADERMAL
COSMETIC PROCEDURES

I, _____ have requested information relating to the procedure of Intradermal Cosmetics so that I may make an informed decision as to whether or not to undergo the procedure.

The type of Intradermal Procedure used will be Micro Pigment Implantation, the process of implanting micro pockets of pigment into the dermal layer of the skin. This is a form of tattooing used for permanent cosmetics and camouflaging skin imperfections such as scars or stretch marks.

I voluntarily request as my intradermal technician, _____ and such association and technical assistance as she may deem necessary to perform the following procedures on my body:

Eyebrow Microblading _____ (initial here)

Please initial all below:

_____ I hereby authorize photographs of the work performed to be taken both before and after treatment, and that said photographs may be used for purposes of advertising and/or training purposes.

_____ I hereby claim to be in good health and not under the care of any physician.

OR

_____ I am currently under the care of a physician and I am being treated for the following conditions: TO INCLUDE allergies to die or pigment.

_____ I am not on any meds that can cause my blood to thin.

Physician Name: _____

Phone number: _____

Please Initial:

_____ I have been told that there may be known and unknown risks and hazards related to the performance of the planned procedure and I understand that no warranty or guarantees have been made as to the results.

_____ I acknowledge the manufacturer of the pigment requires spot testing and specifically disclaims any responsibility for adverse reaction to applied pigments. I understand 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 have been told that this procedure can/will involve pain and/or discomfort.

_____ I understand the markings are permanent and that there is the possibility of hyperpigmentation resulting from a procedure, especially to individuals prone to hyperpigmentation from scars or other injuries.

_____ I understand that a follow up procedure may be required.

_____ I understand other risks involved may include, but are not limited to, allergic and other reactions to applied pigments, allergic and other reactions to products applied during and after the procedure, fanning or spreading of pigments (pigment migration) fading of color.

_____ I accept full responsibility for any and all, present and future, medical treatments and expenses I may incur in the event I need to seek treatments for any known or unknown reason associated with this procedure.

_____ I have been given an opportunity to ask questions about the procedures to be done and the risks and hazards involve, and I believe that I have sufficient information to give informed consent.

_____ I certify that I have read, or had read to me, the content of this consent, and I fully understand its contents.

_____ I have read, or have had read to me, and have received a copy of the Post Procedure Instructions and I understand its content.

Signature: _____ Date: _____

DFW Microblading Representative: _____