

Informed Consent Form

Client Name _____

The nature and method of the proposed permanent makeup (cosmetic tattoo) procedure has been explained to me by Meredith Gilbert including the usual risks inherent in the procedure process, and the possibility of complications during or following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur, however if properly cared for, is rare. _____ (Init)

- I understand a skin test of the pigment to be used is offered upon request and the test result is not viewed by a medical professional unless I make arrangements to have this done myself. A non-reactive skin test does not preclude an allergic reaction occurring at a future point in time. **I decline the skin test** _____ (Init) **OR I request a skin test** _____ (Init) Please initial one of these options. Client Signature _____ Date _____
- I have informed Meredith Gilbert of any existing health problems. _____ (Init)
- I acknowledge that complications are always possible as a result of the permanent makeup procedure, particularly in the event my post procedural instructions are not followed. _____ (Init)
- I acknowledge that hyper-pigmentation (Darkening of the skin) or hypo-pigmentation, (The absence of color in the skin), or scarring is a possibility as result off my body's reaction to the skin being broken during the procedure. I realize that my body is unique and Meredith Gilbert cannot predict how my skin may react as a result of this procedure _____ (Init)
- I acknowledge the receipt of written instructions advising me of the proper care of my procedures and I recognize the absolute necessity for following these instructions. _____ (Init)
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results _____ (Init)
- I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and injections may alter and degrade my Permanent Makeup. I further understand that such changes are not the responsibility of Meredith Gilbert. I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures. _____ (Init)
- I am aware that cosmetic tattooing is not a exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure. _____ (Init)
- I authorize Meredith Gilbert to obtain pre-procedural and post-procedural photographs, and give her permission to use such photographs for publication and/or for teaching purposes, as she chooses. _____ (Init)
- I am aware that the Herpes Zoster I Virus (fever blisters or cold sores) may manifest with the **lip procedure** due to trauma to the lip tissue. The anticipation of a Herpes Zoster I Virus breakout may be pre-treated with anti-viral medication, some of which are available by prescription only from your physician. _____ (Init)

- I understand that tattoos may cause MRI (Magnetic Resonance Imaging) artifacts and that there may be a warming and/or tingling sensation in the permanent cosmetic procedural area during the MRI due to the iron oxide properties of some pigments. It is understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event a MRI procedure is prescribed. _____(Init)
- The fee for permanent makeup services has been explained to me and has been agreed upon. I understand the total fee for services rendered is due upon completion of the initial procedure(s) and that there will be separate fees for any future modification of the design(s) or major color change(s). _____(Init)
- Due to the fact that your approval is obtained prior to final selection of color to be implanted and design application(s) to be applied, Meredith Gilbert/Transformations by Meredith employs a no refund policy _____(Init)
- For some skin types, permanent makeup may be a multi-session process. In addition to your initial application you are entitled to a post evaluation appointment. At the post evaluation appointment I will determine if a touch-up to the initial application is required. You must schedule your post evaluation appointment within 45 days after the initial procedure. _____(Init)
- It has been explained to me that immediately after the procedure(s) is completed, the color will appear darker than when the procedure heals. It has also been explained that within a short period of time, during the healing process, the color will lighten. _____(Init)
- Meredith Gilbert/Transformations by Meredith does not guarantee the success of removal and or corrective procedures due to the large number of variables that affect the success of such procedures. Client acknowledges counsel by a representative of Meredith Gilbert/Transformations by Meredith as to the probability of success of such procedures. _____(Init)
- I agree that Meredith Gilbert's/Transformations by Meredith liability is limited to the cost of the procedure performed unless it is proven that Meredith Gilbert was negligent in the performance of her duties. In the event of disputes that cannot be amicably resolved, Meredith Gilbert/Transformations by Meredith and client agree to binding arbitration to resolve disputes. _____(Init)
- I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). _____(Init)

I acknowledge by signing this consent form, have been given the full opportunity to ask any and all questions about permanent makeup procedure(s) and process(es) from Meredith Gilbert.

Client: _____
 (First Visit Signature)
 Client: _____
 (Second Visit Signature)

Date: _____
 (First Visit Date)
 Date: _____
 (Second Visit Date)

I personally reviewed the above information with my client, or the client's representative.

 Permanent Makeup Technician
 (First Visit Signature)

 Permanent Makeup Technician
 (Second Visit Signature)

Date: _____
 (First Visit Date)
 Date: _____
 (Second Visit Date)

