Skin Studio OKC

**Disclosure & Consent for Tattoo and Dermal Procedure**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a client, have requested that you describe the requested procedure to be utilized so that I may make an informed decision whether or not to undergo the procedure.

You have been described the recommended procedure to be Micropigmentation,

The process of implanting pigment into the dermal layer of the skin. Micropigmentation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request my Medical Micropigmentologist, Tonya W. Morris-Cameron RN MMP to perform the following procedure(s):

\_\_\_\_\_ Microblading \_\_\_\_\_ Eyebrow Tattoo \_\_\_\_\_ Eyeliner Tattoo \_\_\_\_\_ Lip Tattoo

\_\_\_\_\_ Areola Tattoo \_\_\_\_\_\_ Scalp Tattoo \_\_\_\_\_\_ Scar Camo \_\_\_\_\_\_ Removal

**PLEASE READ AND CHECK ONE:**

\_\_\_\_\_ I authorize Tonya W. Morris-Cameron RN MMP to take photographs of the work performed both before & after treatment, and further authorize the use of said photographs for her website, social media and/pr to show future patients. (Your identity can be concealed if requested)

\_\_\_\_\_ I authorize Tonya W. Morris-Cameron RN MMP to take photographs of the work performed both before & after treatment, to be maintained only in my file.

Initial After Reading

1. I understand the description is not meant to alarm me, just to make sure I am better informed so that I may give or withhold consent for this procedure. \_\_\_\_\_\_\_\_
2. I have informed Skin Studio OKC that I am in good health. \_\_\_\_\_\_
3. I understand no warranty or guarantees have been made to me as to the results from a procedure. \_\_\_\_\_\_\_
4. I understand that there is a possibility of hyperpigmentation from a procedure, especially individuals prone to hyperpigmentation from a scar or other injury. \_\_\_\_\_\_
5. I have been told there may be risks and hazards related to the performance of the procedure planned for me. \_\_\_\_\_\_
6. I have been told this procedure may involve discomfort or pain. \_\_\_\_\_
7. I have been told that the markings are permanent and that there is a risk of infection following the procedure. \_\_\_\_\_\_
8. I have been told that a follow-up procedure may be required & that the color of pigment may fade. \_\_\_\_\_\_
9. I have been told that there is a fee if a touch up is required. \_\_\_\_\_\_
10. I have been told that there is a chance that I may experience a corneal abrasion from the eyeliner procedure. \_\_\_\_\_\_\_
11. I have been told that there is a chance of an allergic reaction to pigment & that my body may reject the pigment. \_\_\_\_\_\_\_

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Print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature date Skin Studio OKC

 Tonya W. Morris-Cameron RN MMP

 405-202-4427

 Skin Studio OKC

**Disclosure & Consent for Tattoo and Dermal Procedure Continued**

**\_\_\_\_\_** I have accurately completed the Medical History Form.

\_\_\_\_\_ I have been candid in revealing any condition that could prohibit or alter my treatment such as, but not limited to, pregnancy, recent surgeries, sun exposure/tanning, cold sores, tendencies to scarring, breastfeeding or use of Accutane in the last 12 months.

\_\_\_\_\_ I understand that there are no guaranteed results from these treatments, many variables such as age, sun damage, prolonged sun exposure, smoking, excessive alcohol intake, climate, diet and increased water intake can reduce the effects of the treatment.

\_\_\_\_\_ Regardless of the precautions taken, I acknowledge the possibility of an adverse reaction to the treatment and accept sole responsibility for any medical care that may become necessary. I will immediately inform the Doctor or Technician performing the treatment of any adverse reactions.

\_\_\_\_\_ In the application of the removal process of permanent makeup the epidermal layer to the skin is penetrated. Some of the potential side effects

Include but are not limited to: discomfort, swelling, reddening, hyper-pigmentation, eye injury, scarring or infection.

\_\_\_\_\_ I understand that there is a chance for pigment migration. This is where the pigment moves out of the designated area being treated to an area that is not desired.

\_\_\_\_\_ I agree that should I have a complaint of any kind whatsoever, I shall immediately notify Tonya W. Morris-Cameron RN MMP and further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself & Tonya W. Morris-Cameron RN MMP or the breach thereof, shall be settled by arbitration in the State of Oklahoma in accordance with the Rules of the American Arbitration Association and judgment award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

\_\_\_\_\_ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Tonya W. Morris-Cameron RN MMP & seek medical attention immediately.

\_\_\_\_\_ I have received a copy of the Post Procedure Instructions. It has been fully explained to me and I have read it, or it has been read to me. I understand it’s contents.

\_\_\_\_\_ Upon signing this form, I acknowledge that I have read this form, that I fully understand it’s contents and that I have been given the opportunity to ask questions and that all of my questions have been answered to my satisfaction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

 Skin Studio OKC

 www.skinstudiookc.com

 405-202-4427

Please contact us immediately with any questions or concerns