

Informed Consent for Covid-19



With the advent of the novel corona virus (Covid-19) pandemic, we have added this form for both you the client and us the technician/beauty expert to both be aware of the added precautions we have taken to protect all of us in this current situation by following CDC guidelines. Safety is our #1 Priority. Below are our specific guidelines:

I _____ (the client) consent to the procedure of _____.

Please circle if you have had any of these symptoms in the past 30 days. Symptoms may include:

Fever	Dry Cough	Shortness of Breath	Muscle pain
High Temperature	Bluish lips or face	Cough	Sore Throat
Fatigue	Loss of sense of smell	Loss of sense of taste	Chills

Other less common symptom that have been reported:

Nausea	Vomiting	Diarrhea	...any other symptoms?
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IF REQUIRED BY LAW FILL OUT THE CLIENTS TEMPERATURE AND LIST BELOW:

My current Temperature is _____ on this date of _____. Initial x _____

_____ I understand that carriers of COVID-19 may not show symptoms but may still be highly contagious.

_____ I understand that based on what is known about COVID-19, the spread is thought to occur mostly from person-to-person via respiratory droplets among close contact. This spread can be 6 feet (more or less).

_____ I confirm that I do not display or currently have any of the symptoms that are listed above.

_____ I have not been around anyone that has been diagnosed with COVID-19 in the past 30 days, nor have I been out of the country in the past 30 days.

_____ My technician/ service provider is not liable for my exposure to the COVID-19 or any other viral disease or other disease or disorders.

_____ I understand that other people have been in this room. The room and equipment have all been disinfected prior to and post procedure with a hospital grade disinfectant following manufactures directions.

_____ If you are receiving a PMU Procedure - All of the supplies used are single, sterile 1 time use and will be disposed of properly. All needles are disposed of in our Sharps container.

_____ As your service provider, I currently hold a valid 'Blood Borne Pathogen' Certificate (BBP). This certification is mandatory through our county/state licensing board and is an annual class certification. You have seen this certificate.

_____ In signing this agreement, I acknowledge and represent that I have read this entire WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT. I agree with it, understand it and have voluntarily signed each statement. I am over the age of 19 years old and am requesting this elective service/procedure. We have the right to refuse service to anyone per our discretion.

Client Signature

Date

Practitioner's Signature

Date

Healing Time Table



Eyebrows:

Day 1	Eyebrows will initially be larger, darker and slightly redder than expected. Not to worry! This is all part of the course in which the brows will take. Most people will experience little to no swelling in the area and rest assured unless you mention it, family and friends will not know you had a procedure, they will however compliment you on how pretty you look! This is good!
Day 2	Very little change from day one.
Day 3	Exfoliation is beginning. Tightness, flaking and itchiness start (NO picking or scratching please!). It is at this stage that you may dab some Heal Stick or Aquaphor on the area.
Day 4	It will appear as if your new tattooed brow is chipping away. No reason to be alarmed, you're right on schedule!
Day 5	Most of your chipping and flaking has passed and you should now be able to see a softer brow.

Eyeliner:

Day 1	Eyes will be tender and somewhat swollen as if you've been crying. You may also experience a small amount of bruising.
Day 2	Swollen upon waking.
Day 3	Swelling is now starting to diminish. Pigment is now beginning to lift away from the skin producing a pulling and tight sensation.
Day 4	Tightness, pulling and itchiness continue. DO NOT PICK THE TREATED AREA!
Day 5	Area has been exfoliated and liner will appear grayish. Color will continue to clarify within 5 - 7 days.

Lips:

Day 1	Bright chalk/matte lip color, soreness, swelling.
Day 2	Soreness, redness, slightly swollen.
Day 3	Not as much inflammation but still tender.
Day 4	Treated area begins to exfoliate.
Day 5	Lips will be extremely chafed.
Day 6	Color begins to appear that is soft and pink.
Day 7-13	Lips begin to appear opaque.
Day 14	The accurate color then begins to appear which can take 3 weeks.
Day 21	Lips are done healing. If lips are still a tad dry continue to use the healstick.

Healing Time Table



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Eyeshadow:

Day 1	Pigmented area will appear dark and bold.
Day 2	Pigmented area will be swollen.
Day 3	Pigmented area will appear dry and thick.
Day 4	Pigmented area begins to exfoliate appearing somewhat blotchy.
Day 5	Healing process almost complete. Shadow will look subtle at first. By day 20 or so color will have achieved its full radiance. It is not uncommon to require 2-3 applications to obtain the desired result.

Areola & Scar Camouflage:

No water on the pigmented area for 24 hours! Keep treated area clean and dry. Should tension and or itching in treated area occur, use a thin layer of Aquaphore applied with a clean q-tip while healing (7-14 days). No direct sunlight or sun exposure till completely healed (7-14 days). Do not scratch or itch treated area as scarring may occur. Abstain from exercising for 24 hours.

**IF SIGNS OF INFECTION SHOULD OCCUR SUCH AS
HEAT, PAIN, OOZING, REDNESS CONTACT A PHYSICIAN IMMEDIATELY!**

Post Procedural Care



Eyebrows:

You may experience slight to moderate swelling as well as thickness and or redness which will last approximately 2 days. By day 3 Heal Stick or Aquaphore will be applied morning and evening for 10 minutes then gently wiped off with a clean tissue. Follow this regimen for 5 to 7 days.

Eyeliner:

Anticipate moderate swelling and or redness 2 to 3 days following your procedure (specifically the next morning). Ice the area and rinse eyes with saline solution every few hours or as needed then pat lashes dry after each rinse.

Lips:

Slight to moderate swelling can be expected that may last 1 to 2 days. Use Heal stick or Liprotek from days 1 to 7.

Care:

- Wash your hands often to avoid contamination!
- NO MAKEUP till completely healed!
- Do not pick or scrub the treated area!
- To avoid possible migration of color around the eyes do NOT rub or stretch your eyes during the healing process!
- Do not use Retin-A and or Glycolic acids while in healing process!
- No peroxide or neosporin on any areas!
- No scrubbing or picking of the treated area!
- No exposure to sun or tanning beds!
- No swimming, bathing, saunas or facials for 5 – 7 days!
- For 1 week before and after do not dye, tweeze or wax brows!
- Do not exercise vigorously for 24 hours!
- To avoid possible staph infection do not blow your nose after receiving a lip procedure.
- No Gardening and contact with animals.

Seek medical attention immediately if you see symptoms of infection such as heat, redness, oozing, swelling that doesn't subside.

- Wash your face gently and normally.
- While you are healing you may loss 1/3 to 50 % of your color. Your on the right track and this is totally normal! Your completed makeup does NOT happen in 1 visit. This is why you will schedule a perfecting visit with me 4 weeks after your initial appointment. Permanent makeup requires 2 – 3 visits to complete the process of layering color (pigment) in the skin.
- After your procedure you may find the color too dark and intense but don't be alarmed, in six days it will actually look too light. Rest assured, after ten days or so a genuine color will manifest itself which will give a natural and softer appearance, yeah!
- Should you receive a MRI or CAT scan, notify your physician of your Iron Oxide Permanent Cosmetics. Please be advised that there may be a pulling and or burning sensation during a procedure.

Some side affects:

Sensitivity, soreness, redness, swelling, bruising and dry spots.

Please adhere to all instructions! Failing to do so could cause an adverse outcome such as loss or discoloration of your micropigmentation.

For questions and concerns please call 805-558-5017.

www.cosmeticartink.com

Confidential Medical Profile



PLEASE FILL IN INFORMATION BELOW:

Name: _____ Date: _____

Address: _____
Street, City State, Zip

Daytime Phone: _____ Date of Birth: _____
Area Code

Cell Phone: _____ Cell Phone Carrier: _____
Area Code

Email: _____ Referred by: _____

TO AVOID UNFORESEEN COMPLICATIONS, PLEASE ANSWER FOLLOWING QUESTIONS:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you over the age of 18? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any aspirin or blood thinning products within the last 7 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any mood altering drugs within the last eight hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have any history of cold sores, herpes or fever blisters? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you sensitive to Latex? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a chemical or laser peel? If so, when? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have problems with healing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous problems with tattoos or has your physician advised you not to have a tattoo at this time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently undergoing radiation or chemotherapy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently using Retin-A or "Alpha Hydroxy" skincare products? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear contact lenses? <i>(if yes, I understand they must be removed during the eyeliner procedure and should not be replaced until next day)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to any metal? (e.g. Can only wear 14K gold) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any permanent makeup procedures before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take any immunosuppressive medications, such as anti-inflammatory or steroids? |
| <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal from caffeine products? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to topical antibiotic preparations or desensitizes? <i>(e.g. Bacitracin, Neosporin, or "Caine" family of drugs or Petroleum)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any history of skin disease or remarkable skin sensitivities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking vitamins A and/or E in any form? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant or nursing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you required to take antibiotics during dental or invasive medical procedures? |

Confidential Medical Profile



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PLEASE CHECK ANY OF THE LISTED BELOW PERTAIN TO YOU:

- | | |
|--|---|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hepatitis/Jaundice/HIV |
| <input type="checkbox"/> Allergies to Makeup | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Accutane Treatment | <input type="checkbox"/> Dry Eyes |
| <input type="checkbox"/> Tendency to Develop Fever Blister on the Lip | <input type="checkbox"/> Trichotillomania |
| <input type="checkbox"/> Keloid or Hypertrophy Scars | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hyper-Pigmentation (Darkening of the Skin) | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hypo-Pigmentation (Lightening of the Skin) | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Tendency to Bleed Excessively from Minor Injuries | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Ocular Herpes |
| <input type="checkbox"/> Epilepsy/Seizures of any Kind | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Autoimmune Disorders | <input type="checkbox"/> Retractive Eye Surgery |
| <input type="checkbox"/> Cancer (any type)_____ | |

Please explain any checked question, list any other medical conditions, and list all your medication:

Practitioner makes no attempt to, or claim to practice medicine. Some individuals will have complications related to permanent make up application. These complications are usually mild and last only a few days, however, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve the design and color before the application of your permanent makeup.

Doctor's Name: _____ Doctor's Phone: _____

Client Signature: _____ Date: _____

Informed Consent



PLEASE REVIEW THE SECTION BELOW, FILLING IN THE BLANKS, AND INITIALING WHERE APPROPRIATE.

I, _____ by signing below, acknowledge that I have been given every opportunity to inquire, ask questions and be informed about obtaining any permanent cosmetic procedures from Cosmetic Ink and/or any associates. I also acknowledge that all of my questions and inquiries have been answered to my full satisfaction. I explicitly acknowledge and agree that I have been advised of the fact and matters set below.

I wholly understand this is a tattooing procedure. Thus, not a science but an art form that is non-refundable. Int. _____

I can waive or consent to patch test. If I choose to waive the patch test, then I release the professional from any liability if I develop an allergic reaction to the pigment. Int. _____

I wholly understand that the Permanent Make Up procedures I am entering into involve subsequent appointments in order to complete and achieve the desired end result. Should this be my first time receiving a Permanent Make Up procedure I am wholly aware that the fees include my first visit and **ONE** subsequent perfecting visit which will be scheduled 4-6 weeks after my first visit. If I fail to schedule, my subsequent visit within allotted time frame there will be additional service fee. Int. _____

I wholly acknowledge that no guarantees have been made to me in regards to the results of this procedure. Int. _____

I wholly comprehend that the pigments used in Permanent Make Up and/or tattooing procedures over time can and will fade, change color due to but not limited to, sun, exposure, age, skin type, skin condition, smoking, alcohol, medications, retinols, glycolic acids, lifestyle, metabolism, and over all health. Int. _____

I wholly understand and it has been thoroughly explained to me the nature and method of the proposed Permanent Make Up (Tattoo) procedure I am receiving. An inherent potential for risk is involved as well as the possibility of complications during and following its performance. I also understand that a certain amount of pain and discomfort may accompany the procedure and that other adverse side effects such as swelling, bruising, redness, discoloration, minor and temporary bleeding may ensue. Blister on and around the lip area may occur after a lip procedure for individuals who have a predisposition for this condition. Migration, fanning, spreading, and or loss of pigment may occur. Secondary infections in the procedure area may occur, however if cared for properly, occurrences are rare. Int. _____

I wholly understand the risk of and/or complications surrounding Permanent Make Up Procedures specifically in the event that post-procedural care instructions are not adhered to. Int. _____

I have received my pre and post procedural care instructions which I agree to follow precisely. Int. _____

I wholly acknowledge the procedure will result in permanent change to my appearance and that no submissions and/or representations have been made to me as to the ability to later change or remove the result. Int. _____

I am fully responsible for determining the color, form, position, and shape of the pigments that will be used. Slight modifications to pigments may apply due to the color and tone of my skin. Int. _____

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I acknowledge that the professional cannot predict how my skin may react as a result of a Permanent Make Up procedure. Int. _____

I wholly understand that any future laser treatments, plastic surgery, implants, injections such as Botox, Juvederm, Restylane or any other skin transforming procedure may alter, change and/or degrade my Permanent Make Up and the professional shall not be held at fault or accountable for any of the above changes made by me, the client. Furthermore, I understand such changes in my appearance may not be corrected or are correctable through Permanent Make Up procedures. Int. _____

I acknowledge it is not reasonably possible to determine whether I might have an allergic reaction to any topical creams, gels, ointments, pigments dyes, preparations or processes used in the procedure. I agree to accept the risk that such a reaction is possible and I have informed the professional of any existing problems. Int. _____

I wholly acknowledge that obtaining Permanent Make Up procedure(s) is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and that any actions or conduct of the professional and/or any of the professional's associates necessary to perform the procedure(s). Int. _____

I consent to the admittance of authorized observers to the procedure for the purpose of education and/or assistance. Int. _____

I have been advised and understand that if an infection occurs as a result of my Permanent Make Up procedure(s) that I should see my primary care physician and/or go to the emergency room IMMEDIATELY. Int. _____

I give my permission to Cosmetic Ink to confer with my physician(s) for medical information pertinent to the safety of my procedure(s). Int. _____

I agree that in the event of an accidental needle stick with my needle, I will accompany my professional to the emergency room and take a blood test for their safety and disclose all test results to my professional. Int. _____

Informed Consent



I _____ request and consent to the application of the following Permanent Make Up procedure(s) by Cosmetic Ink Professional _____.

Type of Procedure				
New Client Procedures	New Client Touchups Or Existing Clients (3-4) years	Existing Clients Touchups (1-2) years	Packages	Pre Appointment Procedures
Price:	Price:	Price:	Price:	Price:
Understanding the Process:				Initial
I accept that prices are subject to change on the day of the procedure.				
I understand that perfecting visits must be completed in a three month period or subject to additional charges.				
I understand that changing shape and or color will change the price of my appointment.				
I understand that lifestyles can affect the length of time required between touchups.				
I understand that Permanent Make Up is a multi-session process and can take many layers to complete my look.				

NOTE: All services are priced at the practitioner's discretion, they reserve the right to price clients as they see fit. Prices may increase without warning.

I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature

Date

Practitioner

Date

Herpes Simplex Release



Do you have the Herpes virus? If at any time in your life, (yes and that includes childhood) you have had a fever blister inside or outside your mouth, cold sores, herpes simplex then you have the herpes virus and it is mandatory that you advise your physician to prescribe the necessary medication prior to your lip procedure. Most prescriptions will suggest you take the medication 2 days before lip procedure and 1 week after (this may vary depending on physician recommendations).

Medication must be taken with every lip procedure. Failure to take the prescribed medicine will result in an acute outbreak. Pain, swelling and blisters will follow. You risk loss of feeling as well as scar tissue in the area. Not to mention a very unpleasant experience!

I fully understand any and all consequences that may occur and am solely responsible for contacting my physician in order to obtain the correct medication as to avoid a herpes outbreak.



Client Signature

Date

Consent for Permanent Cosmetics



I hereby request and consent to the application of permanent color and consent to have the following procedures performed by Rosalinda Lemos/Cosmetic Ink Art:

Please check any of the following which pertain to you: Price: _____ Appt#: _____

- Eyeliner Eyebrow Lipliner Full Lip Color
- Scar Camouflage Beauty Mark Areola Re-pigmentation
- Other _____

Please Read and initial the following statements:

- I understand the process used to apply color is not a one-step process and requires subsequent visits to achieve desired results. I further understand that the fee includes my first visit and ONE perfecting visit. Maintenance touch-ups are scheduled as needed and may vary from six months to three years. Fees for maintenance visits, pigment replacements and scar camouflage are based on hourly fee. _____(initials)
- I understand that with time, pigment can, and will fade and change color according to metabolism, skin type, age and exposure to sun, smoking, alcohol, medications, Retin-A, and Glycolic acids. _____(initials)
- I acknowledge that no guarantees have been made to me concerning the result of this procedure and that the professional recommendation is a NATURAL LOOK. _____(initials)
- I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments. I fully understand this is a tattooing process therefore, not a science but an art. _____(initials)
- I have received and acknowledged pre- and post-procedure instructions and agree to strictly adhere to such instructions. _____(initials)
- I accept responsibility for determining the color, shape and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. _____(initials)
- I understand the taking of photographs, before and after the procedure is required. _____(initials)

The known possible complications from micro-pigmentation are: redness, swelling, puffiness, bruising, dry patches and tenderness. It is normal to lose approximately 1/3 of the color during the healing process. After most procedures the color may be a shade too dark; in six days it will appear too light. After ten days the color will show more than it did initially. It will appear softer when completely healed, as the color will come from the dermal to the epidermal layer of skin. In the event of a CAT scan or MRI, please inform your physician of your Iron Oxide Permanent cosmetics as some pulling or burning sensation may occur during the procedure.

The FDA has not approved tattoo inks, dyes, and pigments, health consequences of using these products are unknown.

Client Signature _____

Date _____

Practitioner's Signature _____

Date _____

Model Consent To Application of Permanent Makeup Procedure



Name: _____ DOB: _____

Address: _____

Home Phone: _____ Work Phone: _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol and consent to be a model for the following student and or/apprentice: _____ for the purpose of learning the following procedure: _____

The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me and I understand work is from a student and or/apprentice. X _____

I understand the permanent skin pigmentation procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not a science but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). X _____

I will strictly adhere to all pre- and post- procedure instructions. If I have ever had a cold sore, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X _____

I understand the taking of before and after photographs of said procedure(s) are required.

I certify I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit and I will not hold the school or the following student and or/apprentice: _____ responsible for any unforeseen condition arising out of the indicated permanent cosmetic procedure.

SIGNED:

MODEL: _____ Date: _____

STUDENT AND OR/APPRENTICE: _____ Date: _____

TEACHER: _____ Date: _____