

BLACK MARKET BROWS

OIL WAX & DYE PROFESSIONAL LLC

GENERAL CONSENT AND PROCEDURE AGREEMENT FOR COSMETIC TATTOOING

CLIENTS FULL NAME:

ADDRESS:

PHONE: _____ E-MAIL: _____

PLEASE READ VERY CAREFULLY AND INITIAL AND SIGN WHEN PROMPTED

_____ I HEREBY AUTHORIZE KRESHENDA HUGHES OF BLACK MARKET BROWS TO PERFORM UPON MYSELF PERMANENT COSMETIC ENHANCEMENT. IF ANY UNFORESEEN CONDITION ARISES IN THE COURSE OF THE PROCEDURE(S), I FURTHER REQUEST AND AUTHORIZE HER TO USE HER FULL JUDGEMENT AND DO WHATEVER SHE DEEMS ADVISABLE AND NECESSARY IN THE CIRCUMSTANCES.

_____ I UNDERSTAND THAT PERMANENT COSMETIC ENHANCEMENT IS AN ADVANCED FORM OF TATTOOING.

_____ I ACCEPT RESPONSIBILITY FOR DETERMINING THE COLOR, SHAPE AND POSITION OF THE ENHANCEMENT AS AGREED DURING THE COURSE OF MY CONSULTATION.

_____ NO WARRANTY HAS BEEN MADE TO ME AS A RESULT OF THIS COSMETIC TATTOO OR CORRECTION PROCEDURE AND THAT THE FINAL RESULT IS NOT GUARANTEED.

_____ I UNDERSTAND THAT A SENSITIVITY TEST FOR PIGMENT DOES NOT GUARANTEE THAT I WILL NOT HAVE AN ALLERGIC RESPONSE. I AM AWARE OF THAT ALLERGIC RESPONSE TO PIGMENT IS RARE AND ACCEPT ALL RESPONSIBILITY IF ALLERGIC RESPONSE OCCURS. I AM NOT REQUIRING A SENSITIVITY TEST. IF I WANT A PIGMENT SENSITIVITY TEST, I UNDERSTAND IT WILL PUT OFF MY PROCEDURE FOR SEVERAL MONTHS AND IT STILL MAY NOT FULLY INFORM ME OF ALLERGENS.

_____ I AM AWARE THAT A SENSITIVITY REACTION TO ANESTHETICS CAN OCCUR AND ACCEPT ALL RESPONSIBILITY IF ALLERGIC RESPONSE OCCURS.

_____ I HAVE INFORMED MY TATTOOIST OF ANY KNOWN ALLERGIES I MAY HAVE, SPECIFICALLY; STERILE WATER, GLYCERIN, ISOPROPYL ALCOHOL, IRON OXIDES, TITANIUM DIOXIDE AND CHROMIUM OXIDE. I ABSOLVE BLACK MARKET BROWS OF ANY LIABILITY FOR ANY ALLERGIC REACTION I MAY HAVE TO PRODUCTS USED.

_____ I FULLY UNDERSTAND AND ACCEPT THAT NON-TOXIC PIGMENTS ARE USED DURING THE PROCEDURE AND THAT THE COSMETIC ENHANCEMENT ACHIEVED MAY FADE OVER THE COURSE OF 1-3 YEARS. EVEN THOUGH THE COLOR HAS FADED, THE PIGMENT WILL STAY IN THE SKIN INDEFINITELY AND MAY LEAVE A LIGHT RESIDUE OF COLOR. I UNDERSTAND THAT DYES, INKS AND PIGMENTS ARE NOT APPROVED BY THE FOOD AND DRUG ADMINISTRATION (FDA) AND THE HEALTH EFFECTS ARE NOT KNOWN.

_____ I ACCEPT THAT THE HIGHEST STANDARDS OF HYGIENE ARE MET, AND THAT STERILE DISPOSABLE NEEDLES ARE USED FOR EACH INDIVIDUAL CLIENT, PROCEDURE AND VISIT.

BLACK MARKET BROWS

OIL WAX & DYE PROFESSIONAL LLC

_____ I UNDERSTAND AND ACCEPT THAT EACH PROCEDURE IS A PROCESS REQUIRING MULTIPLE APPLICATIONS OF PIGMENT TO ACHIEVE DESIRABLE RESULTS, AND THAT 100% SUCCESS CANNOT BE GUARANTEED. I UNDERSTAND THAT THIS IS WHY I MAY NEED TO RETURN FOR A CONTROL PROCEDURE THAT IS NOT INCLUDED IN THE INITIAL PRICE.

_____ I UNDERSTAND THAT THE SECOND PROCEDURE, IF REQUIRED, WILL BE PERFORMED 8 TO 10 WEEKS AFTER THE INITIAL PROCEDURE AND THAT AFTER A 3-MONTH PERIOD I WILL BE CHARGED AN ADDITIONAL FEE FOR ANY PROCEDURES. I UNDERSTAND THAT A SECOND PROCEDURE TAKES PLACE 8 WEEKS AFTER THE INITIAL APPLICATION TO ALLOW THE PROCEDURE SITE TO FULLY HEAL. I WILL BOOK THE APPOINTMENT WHEN IT IS CONVENIENT FOR BOTH PARTIES.

_____ I UNDERSTAND THAT THE PIGMENT MAY MIGRATE UNDER THE SKIN, HOWEVER THIS IS A RARE OCCURRENCE.

_____ I UNDERSTAND THAT PERMANENT COSMETIC ENHANCEMENT IS AN INVASIVE PROCEDURE AND THE INFUSION PROCESS CAN BE UNCOMFORTABLE.

_____ I HAVE INFORMED MY TATTOOIST OF ANY AND ALL MEDICATION(S) THAT I AM CURRENTLY TAKING (MEDICATIONS SUCH AS ASPIRIN OR IBUPROFEN MAY CAUSE THE BLOOD TO THIN AND EXCESSIVE BLEEDING MAY OCCUR WHICH HAS THE POSSIBILITY OF DISRUPTING MY COLOR RETENTION).

_____ I AM NOT CURRENTLY PREGNANT OR BREASTFEEDING.

_____ I DO NOT CURRENTLY TAKE ACCUTANE (SOTRET, ISOTRETINOIN) AND/OR HAVE NOT TAKEN IT FOR THE LAST 12 MONTHS.

_____ I AM AWARE THAT THE RESULT OF THE PROCEDURE IS DETERMINED BY THE FOLLOWING:

MEDICATION
SKIN CHARACTERISTICS - I.E. DRY/OILY/SUN-DAMAGED
NATURAL SKIN UNDERTONES
ALCOHOL INTAKE AND SMOKING
GENERAL STRESS
A COMPROMISED IMMUNE SYSTEM
POOR DIET
POST PROCEDURE CARE TREATMENT

_____ I HAVE BEEN ADVISED THAT UPON COMPLETION OF THE PROCEDURE THERE MAY BE SWELLING AND REDNESS OF THE SKIN, WHICH WILL SUBSIDE WITHIN 1-10 DAYS DEPENDENT ON LIFESTYLE. IN SOME CASES BRUISING CAN OCCUR. I HAVE BEEN ADVISED THAT I CAN RESUME NORMAL ACTIVITIES IMMEDIATELY FOLLOWING THE PROCEDURE, HOWEVER, USING COSMETICS, PROLONGED EXPOSURE TO WATER, EXCESSIVE PERSPIRATION AND EXPOSURE TO THE SUN SHOULD BE LIMITED FOR UP TO TWO WEEKS FOLLOWING THE INFUSION PROCESS.

_____ I UNDERSTAND THAT IMMEDIATELY AFTER THE PROCEDURE THE ENHANCEMENT CAN BE 30 TO 50% DARKER THAN THE DESIRED RESULT AND CAN TAKE BETWEEN 4-10 DAYS TO LIGHTEN. I UNDERSTAND THAT THE TRUE COLOR WILL BE VISIBLE ONE MONTH AFTER EACH APPLICATION, AND THAT THE COLOR MAY VARY ACCORDING TO SKIN TONES, SKIN TYPE, AGE AND SKIN CONDITIONS. I APPRECIATE THAT SOME SKINS ACCEPT COLOR MORE READILY THAN OTHERS AND NO GUARANTEE OF AN EXACT EFFECT OR COLOR CAN BE GIVEN.

BLACK MARKET BROWS

OIL WAX & DYE PROFESSIONAL LLC

_____ I UNDERSTAND THAT THERE ARE FEW EFFECTIVE METHODS FOR PIGMENT REMOVAL. LASER REMOVAL HAS PROVEN SUCCESSFUL, HOWEVER IS A PROCESS. IF I CHOOSE TO UNDERTAKE LASER REMOVAL, I WILL DO SO AT MY OWN FINANCIAL COST. NO LIABILITY WILL BE HELD TO BLACK MARKET BROWS OR MY TECHNICIAN.

_____ I AGREE TO INFORM MY DOCTOR OF MY PERMANENT COSMETIC ENHANCEMENT IF I REQUIRE A MRI SCAN WITHIN A 3 MONTH PERIOD OF RECEIVING THE PROCEDURE.

_____ I AGREE TO FOLLOW ALL PRE-PROCEDURE AND POST-PROCEDURE INSTRUCTIONS AS PROVIDED AND EXPLAINED TO ME BY THE PRACTITIONER. I UNDERSTAND THAT INFECTION AND POSSIBLE SCARRING CAN OCCUR IF I DO NOT ADHERE TO THE SAID INSTRUCTIONS.

_____ I RELEASE OIL WAX & DYE PLLC AND ITS REPRESENTATIVES OF ALL CLAIMS FOR INJURY, SEEN OR UNSEEN, THAT MAY OCCUR AS A RESULT OF THIS PROCEDURE. I ACCEPT TO WAIVE MY RIGHTS FOR ANY CLAIM MADE AGAINST THE TATTOOIST AND OIL WAX & DYE PLLC FOR ANY REASON WHATSOEVER.

_____ TO MY KNOWLEDGE I DO NOT HAVE ANY PHYSICAL, MENTAL, OR MEDICAL IMPAIRMENT OR DISABILITY THAT MIGHT AFFECT MY WELL BEING AS A DIRECT OR INDIRECT RESULT OF MY DECISION TO HAVE THE PROCEDURE DONE AT THIS TIME. I AM AT LEAST 18 YEARS OLD. I AM NOT UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

_____ FOR THE PURPOSE OF DOCUMENTATION, I ALSO CONSENT TO THE TAKING OF "BEFORE" AND "AFTER" PHOTOGRAPHS OF SAID PROCEDURE(S). IF THE TREATMENT IS DISCOUNTED ON AN OFFER PRICE I GIVE MY CONSENT FOR JUST THE AREA (NO FULL FACE) BEFORE AND AFTER PICTURES TO BE USED FOR MARKETING.

_____ I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.

I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION.

CLIENT NAME: _____

SIGNATURE: _____ DATE: _____

NAME OF TATTOOIST:

KRESHENDA HUGHES - BLACK MARKET BROWS - OIL WAX & DYE PROFESSIONAL LLC
6013 ROOSEVELT WAY NE SEATTLE WASHINGTON 206.734.2990

SIGNATURE OF TATTOOIST: _____ DATE: _____