

Informed Consent Form

I, _____, am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing, and desire to receive the indicated permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

_____ I hereby authorize Zapps Electrology/Holly Pitman to perform upon me the following procedure(s):_____.

_____ If any unforeseen condition arises in the course of this procedure(s), calling in her judgment in addition to, or different from those now contemplated, I further request and authorize her to do whatever she seems advisable and necessary in the circumstances.

_____ I accept responsibility for determining the color, shape, and position of the permanent cosmetic procedure agreed to during the course of my consultation.

_____ I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment.

_____ Zapps cannot accept responsibility if the treatment area does not numb. Each individual is different according to their skin type. For all procedures, a cream or gel topical anesthetic is used. These products are perfectly safe and can be purchased over-the-counter from any pharmacy/chemist.

_____ I fully understand and accept that non-toxic pigments are used during the procedure, and that the cosmetic enhancement achieved may fade over a period of 1-3 years. Even though the color has faded, the pigment will stay in the skin indefinitely.

_____ I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and new pigment containers are used for each client, procedure, and visit.

_____ I understand and accept that each procedure is a process requiring multiple applications of the pigment to achieve desirable results, and that 100% success cannot be guaranteed during the first procedure. I understand that this is why I will need to return for a retouch procedure.

_____ I understand that a retouch procedure will be performed 1-3 months after the initial procedure and that after a 3-month period, I will be charged an additional fee for any further work. I understand that it is my responsibility to book the appointment at a time convenient for both parties.

_____ The result of the procedure is determined by the following: medications, skin characteristics (dry, oily, sun-damaged, thickness), natural skin undertones (blending with the chosen pigment), and personal pH balance of the skin which changes from visit to visit. In addition, alcohol intake, smoking, and adhering to the post-procedure treatment instructions impact the final results.

_____ Upon completion of the procedure, there may be swelling and redness of the skin, which will subside between 1-4 days. In some cases, bruising may occur. You may resume normal activities immediately following the procedure. However, using cosmetics, excessive perspiration, steamy showers, and exposure from the sun to the affected area should be limited.

_____ I have been advised that the true color will be seen 4-6 weeks after each procedure and that the pigment may vary in color according to skin tones, skin type, age, and skin conditions. I understand that some skins accept pigment more readily than others and no guarantee of an exact effect or color can be given.

_____ I give my consent to not publicly (including social media) attack, accuse, or humiliate the provider in case I am not satisfied with the results of the procedure. I agree that in case I have claims or dissatisfactions, I will personally contact my provider's office immediately, where I can receive a professional resolution of my claims.

_____ I am aware that the lip procedure (lip blushing) may stimulate any dormant virus such as herpes (cold sores). I was informed and am aware that eye procedures may stimulate dormant eye disorders or eye infections, and that some medications can prevent the absorption of the pigment.

_____ I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the provider. I confirm that I have received copies of all the relevant aftercare instructions.

_____ Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequence that might stem from my decision to have any permanent cosmetic procedures performed by Zapps Electrology/Holly Pitman.

_____ For the purpose of documentation, I also consent to the taking of before, during and after photographs of said procedure(s) for record purposes, and use in presentation portfolios, website and social media postings.

I certify that I have read and have had explained to me and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and/or complications which may arise or result during or following the permanent cosmetic/tattoo procedures which are to be performed at my request according to this consent and procedure permits.

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 over 18 years of age. I am not pregnant or nursing. I am not under the influence of drugs or alcohol. I have read and understand the above information.

Date: _____

Client Name (printed): _____

Client Signature: _____

Therapist Signature: _____