

Cosmetic-Designs by Kathleen Nelson
Client Consent Form

Client Name _____	Date of Procedure _____
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The nature and method of the proposed permanent makeup procedure has been explained to me by Kathleen Nelson, R.N. 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. _____(Init)

- I understand a skin test of the pigment to be used is offered upon request. A non-reactive skin test does not preclude an allergic reaction which may occur 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 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 of my body's reaction to the skin being broken during the 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 in my appearance may not be correctable through further permanent makeup procedures. _____(Init)
- I authorize Kathleen Nelson, R.N. 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. _____(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 approval is obtained prior to final selection of color to be implanted and design application(s) to be applied, *Cosmetic-Designs* employs a no refund policy _____(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 have been informed that having Permanent Make-up will exclude me from donating blood to the Red Cross for at least 6 months. _____(init)
- I am aware that *Cosmetic-Designs by Kathleen Nelson, R.N.* is **NOT** affiliated with Dr. Sutkin's private medical practice.

Client Signature _____

Date: _____

Technician Signature _____

Date _____