

## Informed Consent Form A New Dawn

Client Name \_\_\_\_\_

The nature and method of the proposed permanent makeup (cosmetic tattoo) procedure has been explained to me by Dawn Marrero and/or by her associate(s) 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. Fever blisters may occur on the lips following lip procedures for individuals prone to this condition. There may be some loss of eyelashes from the eyeliner procedure (rare but possible). Fading, loss or changes to the appearance of the implanted pigment may occur. Secondary infection in the area of the procedure may occur, however if properly cared for, is rare. \_\_\_\_\_ (Init)

- I understand a skin test of the pigment to be used is offered upon request and the test result is not viewed by a medical professional unless I make arrangements to have this done myself. A non-reactive skin test does not preclude an allergic reaction occurring 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 have informed Dawn Marrero and/or her associates of any existing health problems. \_\_\_\_\_ (Init)
- 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 off my body's reaction to the skin being broken during the procedure. I realize that my body is unique and Dawn Marrero and/or her associate(s) cannot predict how my skin may react as a result of this 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 are not the responsibility of Dawn Marrero. I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures. \_\_\_\_\_ (Init)
- I authorize Dawn Marrero and/or her associate(s) 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. The anticipation of a Herpes Zoster I Virus breakout may be pre-treated with anti-viral medication, some of which are available by prescription only from your physician. \_\_\_\_\_ (Init)
- If I have answered "yes" to a medical condition on the Client History Form to a condition that has resulted in a recommendation from a physician to receive antibiotics prior to dental or surgical procedures, or if I have a history of herpes infections and am requesting a procedure to be conducted on the lips, I agree to contact my physician for guidance regarding pursuing the service and to obtain any medications my physician indicates is appropriate before the service commences. \_\_\_\_\_ (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 my original 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 color change(s). \_\_\_\_\_ (Init)
- Due to the fact that my approval is obtained prior to final selection of color to be implanted and design application(s) to be applied, I recognize that A New Dawn employs a “no refund” policy. \_\_\_\_\_ (Init)
- Permanent cosmetic is typically a multi-session service. In addition to the initial procedure, I have been advised that I am entitled to a post-procedure evaluation appointment. At the post-procedure evaluation appointment it will be determined if additional tattooing is required to achieve the agreed to goals. The post procedure evaluation appointment must be scheduled 30-45 days after the initial procedure unless other arrangements are agreed to. \_\_\_\_\_ (Init)
- It has been explained to me that immediately after the procedure(s) is completed, the color will appear darker than when the procedure heals. It has also been explained that within a short period of time, during the healing process, the color will lighten. \_\_\_\_\_ (Init)
- I understand the permanent makeup 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. If Marjorie will be tattooing over another technician’s work, I do not hold her responsible for any resulting consequences such as an allergic reaction or color distortion due to the presence of existing color. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I 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 procedure(s). I also agree to contact my physician and then Marjorie in the event I experience any adverse healing complications. \_\_\_\_\_ (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)
- All color fades regardless of the medium - this is a fact which also applies to pigments/inks used for tattooing. After your procedure(s) have been applied and the second focus visit completed, the pristine appearance of your permanent cosmetics is very dependent upon daily maintenance of avoiding direct sunlight (intentional tanning,) avoiding strong chemicals applied to the procedural area, and applying sun block daily, (frequently if in a situation where activities take you in the sun.) Color refreshers will be needed at some point in the future. The time frame for that need cannot be predicted as this is very client specific. If the procedural area is dense enough that one application of pigment/ink will bring the color back to its original appearance, a color refresher fee will be charged which represents a substantial lower charge than the fee charged for new work. If the procedural area is extremely light and only represents a weak or blotchy version of the original procedure, or if it is not visible, a procedure fee for new work in affect at the appointment when the color is reinstated will be charged. \_\_\_\_\_ (Init.)
- I authorize Dawn Marrero to maintain my records on file, including the Client History document, indefinitely for historic review purposes in concert with on-going maintenance requirements. \_\_\_\_\_ (Init)
- Your signature below represents consent for permanent cosmetic services and shall remain in effect during the entire period you remain a client of Dawn Marrero/A New Dawn. \_\_\_\_\_ (Init)

I acknowledge by signing this consent form, have been given the full opportunity to ask any and all questions about permanent makeup procedure(s) and process(es) from Dawn Marrero and/or her associate(s).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I personally reviewed the above information with my client, or the client’s representative.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Permanent Cosmetic Technician