

Micropigmentation Consent

Please read this form carefully, and sign only after ALL of your questions have been answered

I, **(PLEASE PRINT NAME)** _____, hereby authorize the staff of PINK INK, to perform upon me the following procedure: micropigmentation. Micropigmentation refers to the application of permanent pigment into the skin by way of tattooing. This may be performed for permanent make-up (such as eyeliner, eyebrows, lip liner, or lip full), for camouflaging of scars or birthmarks, or for breast reconstruction. This consent will serve for all present and future micropigmentation treatments I receive.

I understand that micropigmentation involves tattooing. As such, the pigments that are placed in my skin are expected to last years, decades or indefinitely. Removal may be difficult or impossible if I decide later that I no longer want to have micropigmentation. Attempts for removal may involve laser treatments, which may be costly, may fail to remove the pigment, and may turn the pigment black.

I understand that any of the following complications may occur as a direct or indirect result of micropigmentation:

- **Discomfort:** Discomfort is usually mild and can be controlled with over-the-counter pain medications.
- **Swelling:** Swelling in the area of treatment is minimal to moderate and usually subsides within a few days. It is also possible to develop swollen lymph glands in the neck, which may take days or weeks to return to normal size.
- **Bruising:** This may occur and, if so, usually resolves within a few days. Bruising that lasts more than a week is very uncommon.
- **Initial darkness of pigment:** Immediately following this procedure, my micropigmentation may appear dark. This color will fade over a few weeks and then stabilize into its final color.
- **Color:** I understand that although efforts will be made to match the color I desire, the final color will NOT match exactly. Usually, the final color is close. It is unlikely, but possible, that the color may be significantly different than what I had wanted or expected.
- **Pigment irregularities:** I fully understand that this is a tattoo process and is therefore an art, not a science. The final color may be different than I had anticipated or hoped. It may also be inconsistent such that some areas are lighter or darker than others. The color may also spread of fan beyond the intended area, creating an unnatural and possibly unsightly look.
- **Unsatisfactory results:** I understand that a risk inherent in any cosmetic procedure is not getting the results desired. I understand and accept that this is a potential outcome of this procedure.
- **Eyelash loss:** Eyelashes may be lost temporarily or permanently as a result of permanent eyeliner. I understand that I should not use an eyelash curler or waterproof mascara for at least 2 weeks following eyeliner placement to reduce this risk.
- **Corneal abrasion:** This is a scratch of the cornea, which may be very painful and temporarily disabling. It may require a visit to the ophthalmologist & patching of the involved eye for several days, and could possibly interfere with vision.
- **Reaction to the pigment:** It is possible to develop an allergic reaction to the pigment such that the treated area becomes very swollen, red, and inflamed for days, weeks, months, or longer.
- **Infection:** Is extremely unlikely but may occur. An outbreak of herpes (cold sores) may occur in some individuals. **Please notify this office immediately at (281) 242-9000 if this should occur.** I will inform the Pink Ink staff prior to the procedure if I have a history of cold sores.
- **Problems during future MRI procedures when iron oxide pigments are used :** An MRI scan is a radiology procedure that may someday be ordered for me by my doctor for a reason unrelated to my micropigmentation. However, during or following an MRI, your area of micropigmentation may become temporarily swollen and painful. Most procedures in our office are done with organic (non iron oxide) pigments and will not be affected by MRI scans.

Initial _____

- **General:** Any and all risks and complications can result in need for surgery, hospitalization, time off work and additional expenses.

Micropigmentation Consent (continued)

I understand that this list is not complete and that other complications or problems may arise that are not mentioned here. If any one or more of the foregoing complications arise, I will notify the office immediately. I understand that it is important to follow all home care instructions when striving for optimal results.

Touch-up policy: I understand that at least 50% of people who have micropigmentation desire a touch-up procedure to achieve the optimal result. I understand that if I choose to have a touch-up procedure, there will be no charge for the first one, as long as I have it performed between two and three months following my original procedure. If I wait longer than three months, or if I desire more than one touch-up procedure, then I will pay the full touch-up fee, which is \$100 (this is subject to increase in the future) or if I choose to change the color or shape of my micropigmentation I will pay 50% of the full price. The touch up policy applies to micropigmentation, but does not apply to camouflage procedures. **Initial _____**

I understand that regarding use of micropigmentation for camouflage of a scar or birthmark, or for breast reconstruction an exact color match is impossible due to variations in skin color and pigment color. The goal with camouflage is to make the scar or birthmark less noticeable, not to make it imperceptible. Because obtaining a color similar to the surrounding skin is so difficult, I understand that two to four touch-ups are commonly required to achieve the optimal result. The term optimal means the point beyond which no further improvement is seen. I understand that once I achieve optimal improvement, I may still be dissatisfied. Each touch-up for camouflage or breast reconstruction is charged a full fee, which is based on the amount of work done.

I understand that the following procedures will be performed at the cost noted below. If I am advised or wish to have more procedures that are included, I will be charged a full fee based on the amount of work done.

Procedures: _____
Cost: _____
No of visits included: _____

I consent to the administration of topical and/or local anesthesia, which will involve needle sticks and injections. I understand that micropigmentation may pose risks to my unborn child. If I am pregnant or trying to become pregnant, I will notify Pink Ink immediately and will not have micropigmentation. Photographs of other patient's results may have been shown to me. I understand that they in no way represent a guarantee as to the final outcome of my procedure. I acknowledge that no guarantees or warranties have been made or implied regarding results or my satisfaction with the results.

I have read all pages of this consent, which is two (2) pages in length. It has been explained to me, and I have had an opportunity to ask questions concerning it. I acknowledge that I have a general understanding of the nature of the proposed procedure, the substantial risks and hazards, and the alternatives. **I further acknowledge that if the possibility of any of the above-mentioned risks are unacceptable to me, I should NOT have this procedure done.**

 Patient Signature _____
 Date

 Witness _____
 Date