



Euphoria SkinCare STUDIO



Permanent Cosmetic Clinic CONSENT TO TATTOO PROCEDURE CLIENT INFORMATION

NAME: _____ Date: M ___ /D ___ /Y ___

Date of Birth: M ___ /D ___ /Y ___ Drivers License or state ID # _____ State: _____

ADDRESS : _____ City: _____ State: _____ Zip: _____

PHONE: _____ (CHECK ONE) Mobile? _____ Home? _____ Work? _____

May we contact you at these numbers if necessary? (CHECK ONE) Yes _____ No _____

Have you **ever** had a cold sore? (CHECK ONE) Yes _____ No _____ If yes, you must contact your physician for a prescription of ZOVIRAX and understand its use is mandatory if I desire lipliner or full lip color procedures

*Signature: _____ Date: M ___ /D ___ /Y ___

Who referred you? : _____

Are you currently under the care of a physician? (CHECK ONE) Yes _____ No _____

If so, why? _____ Physician's name: _____

Do you take antibiotics when going to the dentist? (CHECK ONE) Yes _____ No _____

If Yes, Why? _____

Do you suffer from :

- Allergies. Moles or freckles at sight of tattoo. Hepatitis. Heart problems.
- Diabetes. Skin Problems. Scarring (Keloids). Eye Problems. Epilepsy.
- Other: Please explain: _____

Are you presently taking any medications which thins the blood? (CHECK ONE) Yes _____ No _____

Are you taking other medications? (CHECK ONE) Yes: _____ No: _____

Are you pregnant or nursing? (CHECK ONE) Yes: _____ No: _____

Do you wear contact lenses? (CHECK ONE) Yes: _____ No: _____

I understand that if I fail to cancel my appointment within 48 hours, OR I fail to show to any future appointments there will be a charge of 50% of the full price procedure. for more information on our cancelation policies please visit www.euphoriaskin.com

Client Signature: _____ DATE: _____

Tattooer : _____ Date: _____



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CONSENT TO TATTOO PROCEDURE

★ **Fill out in office**

I (PRINT NAME): _____ 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 cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

PROCEDURE(S): _____ COST OF PROCEDURE(S): \$ _____

NUMBER OF VISITS INCLUDED WITHIN 90 DAYS (EXCLUDING INITIAL PROCEDURE): _____

Future Touchup(s) Cost: \$ _____

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact 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 said procedure(s). (Initial here:) X _____

There is a possibility of an allergic reaction to pigments. A patch test is advisable however it does not ensure a client will not have an allergic reaction. I consent _____(initial) or waive _____(initial) the patch test. If waived, I release the technician from liability if I develop an allergic reaction to the pigment.

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. (Initial here:) X _____

I have received pre- and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. (Initial here:) X _____

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. cosmetic tattoo work done. understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

Client Signature: _____ DATE: _____

Tattooer : _____ Date: _____



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I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

- If I have any condition that might affect the healing of this tattoo, I will advise my tattooer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any type of infection or rash anywhere on my body, I will advise my tattooer.
- I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.
- I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.
- I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.
- I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo.
- I acknowledge I am over the age of eighteen and that I have truthfully represented to my tattooer that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure.

Client Signature: _____ DATE: _____

Tattooer : _____ Date: _____