

Art Institute of Permanent Cosmetics Consent and Release

I have requested and do hereby authorize **Art Institute of Permanent Cosmetics/ Tiscia O'Brien** to perform micro dermal (intra dermal) pigmentation, a permanent cosmetic procedure for the enhancement of the external appearance of my face and/or skin which may necessitate the use of prescriptions prescribed by a physician.

LIPS: I understand that receiving a procedure for lip color may result in an outbreak of cold sores or fever blisters if I have a history of such outbreaks. In such case I understand that I should consult with my physician for prescription premedication for the prevention of or medication for outbreak of cold sores. Swelling will occur with a lip procedure. Lips can be swollen for two to three days or in some cases longer. There will be an epithelial crust that will form in the following days. This crust is dried pigment and plasma that forms externally. The crust will fall off naturally within a few days. Picking at the crust scrubbing, rubbing, scratching, and harsh cleansers will result in loss or distortion of color pigment. I understand pigmented color is by intensity. For deep color in the lip area additional treatments may be required.

EYES: I understand swelling is noticeable in the eyeliner. Eyes are usually slightly swollen until midday of the day following the procedure. I also understand that pigments will normalize a different color than when first applied. I realize a touch up may be required for more concentrated color. I also understand that during the procedure there is a risk of corneal abrasion. It is my responsibility to inform my technician of any burning or stinging sensation in my eyes before, during and after procedure as a preventative measure.

CAMOUFLAGE AND SCAR REVISION: I fully understand that scar revision and skin camouflage procedures require more than one treatment. Three to four weeks between treatments is also required for healing to occur and for normalizing skin color to attempt skin tone match. These procedures, however, are not immediate and are experimental in nature and can in no way eliminate or reverse existing skin conditions. Additionally, some severe cases may result in complications and may risk temporary darkening of the skin or uneven skin tone, infection, and/or allergic reaction.

I am fully aware and completely understand it is necessary for the skin barrier to be broken which may result in swelling, redness and the possibility of infection. I understand that allergic reactions to pigments, however uncommon, may occur. Allergic reactions to antibiotic ointments and to anesthetics can also occur. I understand that any allergic reactions or infection, which results from the procedure, must be reported within five (5) working days to **Art Institute of Permanent Cosmetics / Tiscia O'Brien** and the Texas (or state in which procedure was performed) Department of Health at 1-888-963-7111.

I understand that post micro-pigmentation care must be observed for a two week period. I will receive a post care information sheet and am instructed to follow the instructions. I am aware that failure to follow post care may result in loss of pigment, discoloration, or infection. During the recovery time application of antibiotic ointment and a lubricating ointment should be applied. The pigmented areas should be cleansed twice daily avoiding soaps, chemicals, or cleansing creams. Hot showers, sauna, chlorinated water, or fresh or salt waters should be avoided, as well as sun exposure. I am not to pick at the epithelial crust.

I further understand that the clinical outcome for any of the above-described procedures is in direct proportion to the nature of my skin pathology and condition. All conditions must be revealed or disclosed by me on the patient history form regarding my health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could be discovered during the procedure, which could affect my ability to tolerate the procedure. I understand that it is my responsibility not to move during the application of the procedure. For those who have special conditions or have never had a procedure of this nature a patch test is advised. I understand the nature, purpose, and the risk of the procedure through these procedures. I am aware of the cost of the procedure, and understand that in approximately four (4) to six (6) weeks following the initial procedure I may need a touch-up. One complimentary touch up is provided within 3 months of the initial procedure unless otherwise discussed. Future touch-ups are done for an additional fee.

*I certify that I have consulted with a representative of **Art Institute of Permanent Cosmetics / Tiscia O'Brien** and have read all applicable literature given to me. The risks of the cosmetic procedure I have chosen have been disclosed to me. I have read and fully understand all of the information presented in this consent and release form. I accept the explanation of potential complications and risks described herein. I accept full responsibility for these and any other complications, which may arise or result during or following the intra dermal pigmentation procedure(s), which are to be performed at my request. I certify that I am 18 years of age or older, of sound mind, and I am fully capable of executing this consent and release form for myself.*

*I (circle one) **agree / disagree** to my photos being used for education/ marketing purposes.*

Name: _____

Date of Birth _____

Driver's License # _____
(Proof of age required)

State _____

Signature _____

Date _____