



General Consent and Procedure Permit

Full Name _____

Address _____

e-mail _____

I hereby authorize Jared Lalonde to perform upon myself permanent cosmetic enhancement. If any unforeseen condition arises in the course of the procedure I further request and authorize her to use her full judgment and do whatever he/ she deems advisable and necessary in the circumstances.

I understand that permanent cosmetic enhancement is an advanced form of tattooing.

I accept responsibility for determining the color, shape and position of the enhancement as agreed during the course of my consultation.

I understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware of that allergic response to pigment is rare and accept all responsibility if allergic response occurs.

I am aware that a sensitivity reaction to anesthetics can occur and accept all responsibility if allergic response occurs.

I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over the years. Even though the color has faded, the pigment will stay in the skin indefinitely and may leave a light residue of color.

I understand that dyes, inks and pigments are not approved by the Food and Drug Administration (FDA) and the health effects are not known.

I accept that the highest standards of hygiene are met, and that sterile disposable needles are used for each individual client, procedure and visit.

I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed. I understand that this is why I need to return for a finishing appointment.

I understand that the finishing appointment will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any procedure. I understand that a finishing appointment takes place 4-6 weeks after the initial application to allow the procedure site to fully heal. I will book the appointment when it is convenient for both parties.

I understand that the pigment may migrate under the skin; however, this is a rare occurrence.

I understand that permanent cosmetic enhancement is an invasive procedure and the infusion process can be uncomfortable.

I am aware that the result of the procedure is determined by the following:

Medication

Skin Characteristics - i.e. dry/oily/sun-damaged

Natural skin undertones

Alcohol intake and smoking

General stress

A compromised immune system

Poor diet

Post procedure care treatment

I have been advised that upon completion of the procedure there may be swelling and redness of the skin, which will subside within 1-4 days dependent on lifestyle. In some cases bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, using cosmetics, prolonged exposure to water, excessive perspiration and exposure to the sun should be limited for up to two weeks following the infusion process.

I agree to not slander or defame Jared Lalonde, Precision Microblading or its proprietaries on social media or other forms of communication if I am not 100% satisfied by the final outcome of the procedure or legal action can and will be taken against me.

I understand that immediately after the procedure the enhancement can be 30 to 50% darker than the desired result and can take between 4-10 days to lighten. I understand that the true color will be visible 1 month after each application, and that the color may vary according to skin tones, skin type, age and skin conditions. I appreciate that some skins accept color more readily than others and no guarantee of an exact effect or color can be given.

I am aware that even though my vision is not affected by permanent cosmetic eye enhancements I may wish to have someone drive me home.

I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however it is a process.

I agree to inform my doctor of my permanent cosmetic enhancement if I require a MRI scan within a 3 month period of receiving the procedure.

I agree to have full or partial video filming of my appointment for safety and liability reasons and for the protection of both client and practitioner.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the practitioner. I understand that infection and possible scarring can occur if I do not adhere to the said instructions.

I understand that cosmetic tattooing is not a science but an art and that differing opinions of the quality of the finished procedure may vary.

To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time. I am at least 18 years old. I am not under the influence of drugs or alcohol.

For the purpose of documentation, I also consent to the taking of “before” and “after” photographs of said procedure. I give my consent for before and after pictures to be used for marketing.

I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.

I have read an understood the above information.

Client Name _____ Signature _____

Date _____

Individual Consent

I declare that I give my full consent to the (tattooing) being carried out by the aforementioned practitioner. I confirm that potential complications, e.g. infection and swelling, for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. 18 years old for tattoos) and that I am not currently under the influence of alcohol or drugs.

Appropriate aftercare advice sheet will be given to you at end of treatment.

Signature of Client: _____ Date: _____

Signature of Operator: _____

Medical Health Form

Name: _____

Address: _____

Date of Birth: _____

Mobile: _____ E Mail _____

List all the medications you have been taking in the last 6 month

Have you taken any of the following in the last 2 days; Aspirin, Ibuprofen, Alcohol?

Have you received chemotherapy or radiation treatment in the last year? _____

Allergies: have you ever had an allergic reaction to any of the following:

- | | | |
|----------------------|--------------|-----------|
| Antibiotic ointments | Latex Rubber | Nuts |
| Medication | Metals | Hair dyes |
| Drugs | Foods | Lidocaine |
| Paints | Crayons | Glycerine |

Anesthetics (which ones) _____

Other allergies (list) _____

Have you had a dental injection to numb your mouth? _____

Are you presently pregnant or breast feeding? _____

MRI scan scheduled in the next 3 months _____

Laser or IPL scheduled in the next 3 months _____

Please check off the conditions that relate to you.

Circulatory Problems	Diabetes	Cataracts	
Epilepsy	Fainting Spells or Dizziness	Keloid Scars	
Thyroid Disturbances	Liver Disease	Sensitivity to Cosmetics	
Kidney Disease	Glaucoma	Seizures	
Stomach Ulcers	Tumors, Growths or Cysts	Impetigo	
Cancer	Tuberculosis	Blurred Vision	
Stroke	HIV	Dry Eyes	
Prosthetic Hip or Joint	Systemic Lupus Erythematosus	Do you suffer from eye Infections	
Hepatitis	Shingles	Alopecia	
Recent Hair Loss	Cold Sores (herpes simplex)	Acutance within 6 months	
Auto immune conditions	Gore-Tex Implants/Silicone Injections	Do you tan regularly?	
Trichotillomania	Other Tattoos	Steroids within 6 months	
Abnormal Heart Condition	Palpitations	Mitral Valve Prolapsed	
Fat Injections	Bruise or Bleed Easily	Asthma	
Chapped Lips	Botox Enhancement	Heart Murmur	

Precision COSMETIC TATTOOING

EYEBROWS • EYELINER • LIPS

Use of Sun bed	Eyelid Surgery	Rheumatic Fever	
Dermal Fillers	Date of last eyelash/ eyebrow tint	Pacemaker	
Do you have Healing Problems	Contact Lenses	Artificial Heart Valves	
Chemical or laser peel within 6 months	Watery Eyes	Anemia	
Do you scar in a raised manner?	Retin A within 6 months	Haemophilia	
Do your scars heal a darker colour than the rest of your skin?	Ocular Herpes	Prolonged Bleeding	
High Blood Pressure	Low Blood Pressure		

Other conditions _____

Are you taking any vitamins or supplements? _____ Please list all vitamins that you are taking?

Client Signature _____ Date _____

Chart notes for _____

Date					
Pigments					
Needle size					
Notes					
Lot #'s					

Payment Method: _____

Precision **COSMETIC
TATTOOING**
EYEBROWS • EYELINER • LIPS