

Skin Deep Permanent Makeup

By Michelle

CONSENT FORM

The nature and method of the proposed Permanent Make-up (tattoo) procedure has been explained to me by Michelle Knapp; the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand the 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 in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Michelle Knapp and/or her associates, I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

• I acknowledge that it is not reasonably possible for Michelle Knapp and/or her associates to determine whether I might have an allergic reaction to the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed Michelle Knapp and/or her associates of any existing problems _____ (initial)

• I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event post-procedural instructions are not followed. _____ (initial)

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 of my body's reaction to the skin being broken during this procedure. I realize that my body is unique and Michelle Knapp cannot predict how my skin may react as a result of this procedure. _____ (initial)

I acknowledge the receipt of written instructions advising me of the proper care of my procedure(s) and I recognize the absolute necessity for following these instructions. _____ (initial)

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 result _____ (initial)

I understand that if I have an MRI I must inform the technician that I have permanent cosmetics. In some rare cases it can cause the area to be temporarily sore with a slight burning or redness. _____ (initial)

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 fault of Michelle Knapp. I further understand that such changes in my appearance may not be correctable through further Permanent Makeup procedures _____ (initial)