

**Intradermal Cosmetics Consent**

2051 Hamill Road, Suite 301  
Hixson, TN 37343

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**PROCEDURE**

Permanent makeup is applied using a cosmetic micropigmentation technique similar to that of tattooing. Anesthesia is used, and occasionally future touch-ups may be recommended. I fully understand that the nature of the procedure being used is micro insertions of pigment (color) into the dermal layer of the skin.

The results of the permanent makeup are usually quite positive but no medical procedure is without risks. The practice of medicine does not always guarantee specific results. Alternatives to permanent makeup include the daily use of regular cosmetics. The risks that accompany this procedure include but are not limited to:

- \_\_\_\_\_ \* Pigments can and will fade (good skin care will reduce the fading process)
- \_\_\_\_\_ \* There are few effective methods for pigment removal
- \_\_\_\_\_ \* Infections can occur
- \_\_\_\_\_ \* There can be allergic reactions to pigments (color)
- \_\_\_\_\_ \* Allergic reactions to topical anesthetic can occur

I hereby authorize Carol Billingsley to perform the following permanent makeup procedure:

EYELINER \_\_\_\_\_ UPPER LID \_\_\_\_\_ LOWER LID \_\_\_\_\_ BOTH LIDS \_\_\_\_\_

**PROCEDURE CONSENT**

I understand and have read the above information. The procedure's nature, benefits, risks, and alternatives have been explained to me, and my questions have been answered to my satisfaction. I agree to the treatment's terms and procedure outlined above and accept the procedure's risks and results. I will accept full responsibility for any complications which may arise during or following the cosmetic procedure that is being performed at my request, and agree to release Advanced Skin Care and Carol Billingsley from any liability related to the procedure being performed today.

\_\_\_\_\_  
Signature and Date of Client

\_\_\_\_\_  
Advanced Skin Care

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**PLEASE READ AND INITIAL THE STATEMENTS BELOW**

\_\_\_\_\_ \* I have been advised not to operate a motor vehicle for 8 hours after the procedure as there may be some distortion.

\_\_\_\_\_ \* I consent to the taking of "before" and "after" photographs

\_\_\_\_\_ \* I consent to the taking photographs for advertising purposes

\_\_\_\_\_ \* I consent to the use of showing my photographs to new clients

\_\_\_\_\_ \* I have been informed that I will not be able to donate blood for 1 year due to the guidelines of the American Red Cross

**Consent Form**

The undersigned acknowledge that \_\_\_\_\_ has explained the nature of all the above noted treatment procedures including the risks and dangers inherent. As in any cosmetic procedure, the treatment goal is for esthetic improvement, not perfection. The number of treatments necessary will vary between individuals and the areas being treated. Several factors including skin color, age, hormonal activity, inherited conditions, and other influences may decrease effectiveness of treatments.

I hereby consent to \_\_\_\_\_ performing the above treatment procedures on me and in consideration of their doing so. I hereby release and forever discharge \_\_\_\_\_, its officers and employees of and from all claims, demands, damages action or cause of action arising out of the performance of the said treatment procedures. Which I, my heirs executors, administrator or assigns can, shall or may have. No refund on treatments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_