



CONSENT TO SCALP MICROPIGMENTATION PROCEDURE

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE/ZIP _____ HOME PH. _____ WORK PH. _____

HOW DID YOU HEAR ABOUT US? Google YouTube Referral Other _____

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 scalp 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: **(Please read and initial below)**

I understand that Scalp Micropigmentation will not grow hair. _____

I understand the treatment may cause some discomfort. _____

I understand that after each treatment there may be some redness, swelling or bruising. _____

If I have any condition that might affect the healing of this tattoo, I will advise my technician. I am not pregnant or nursing. I am not under the influence of alcohol or drugs. _____

I understand that further work cannot be undertaken until the appropriate healing period. _____

I do not have a 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 technician. _____

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, anesthetic, or ointments used in my scalp micropigmentation treatment, I have been informed of what products/items are going to be utilized for the treatment and I agree to accept the risk that such a reaction is possible. _____

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 pigment color 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 scalp tattoo. _____

I acknowledge that scalp micropigmentation 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 scalp 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 scalp tattoo. _____

I acknowledge I am over the age of 18 and that I have truthfully represented to my technician that the obtaining of a scalp 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. _____

I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of Elegant Scalp Micropigmentation. _____

[Optional/Requested] I consent to Elegant Scalp Micropigmentation using “before & after” photos of me for marketing purposes to display its capabilities and results. However, I have the option to have my face blurred to protect my identity or I can choose to opt out of having my images used on social media sites by contacting Elegant Scalp Micropigmentation. _____

I understand that pigments are more intense immediately after treatment and will exfoliate and lighten during healing. I understand the healed color cannot be guaranteed. _____

I acknowledge that I have been provided with a verbal and paper form of both pre and post-care instructions for my scalp micropigmentation procedure to which I agree to follow them to the best of my ability while my tattoo is healing. I understand that my failure to follow these instructions may negatively affect my final result. I agree that any touch-up work needed due to my negligence will be done at my own expense. _____

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 understand that the procedure will require a series of sessions to complete and is part of the layering process. _____

I understand that this treatment is not a replacement for surgical or medical procedures and that there are no guarantees, implied or otherwise, as to the results or benefits that I may obtain from the treatment. I also understand that optimal results may not be obtained even if all procedures are completed and follow correctly. _____

I acknowledge I have been quoted \$ _____ and covers _____ sessions. _____

I understand that payment is for the treatment and not for healed outcomes. _____

I acknowledge all sales are final and there are no refunds once services are received. _____

I have read the above paragraphs and have had the full treatment procedure and consent requirements explained in detail to me. _____

I hereby authorize the scalp micropigmentation procedure and hereby relieve this facility and its employees and hold them harmless from all liability for injury that may occur to me. I understand that this consent is being given voluntarily and in advance. _____

CLIENT PRINTED NAME: _____ **DATE** _____

CLIENT SIGNATURE: _____