



TATTOO/MICROBLADING CONSENT

NAME _____ LICENSE NO. _____ STATE _____
DATE _____ ADDRESS _____ ZIP _____
DOB _____ CITY _____ HOME PH. _____

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 obtaining a 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:

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

I do not have 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 tattooer.

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 or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.

I acknowledge that infection is always possible as a result of obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.

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 colors 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 tattoo.

I acknowledge that a tattoo 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 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 tattoo.

I acknowledge I am over the age of eighteen and that I have truthfully represented to my tattooer that the obtaining of a 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/Salon reasonably necessary to perform the tattoo procedure.

I authorize photographs of the work performed to be taken both before and after the service. I agree to the use of the photos for advertising and/or training purposes.

I have been told this procedure will involve pain and discomfort.

I understand the markings are permanent and that there is a possibility of hyper pigmentation. Especially in individuals prone to hyper pigmentation from a scar or other injury.

I understand risks involved may include, but are not limited to: infections, allergic and other reactions to the pigment, fanning or spreading of pigment, fading of color.

I accept full responsibility for any and all, medical treatments and expenses I may incur in the event I need to seek treatments for any known or unknown reasons associated with this procedure.



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I agree that should I have a complaint of any kind, I shall immediately notify DiCarlo Salon.

I understand that if I have an infection, adverse reaction, or allergic reaction to the procedure, I must notify DiCarlo Salon, a health care provider and the Wisconsin Department of State Health Services.

I have read and received a copy of the post procedure instructions and I understand its contents.

DATE: _____

DATE: _____

CLIENT NAME: _____

TECHNICIAN NAME: _____

CLIENT SIGNATURE: _____

TECHNICIAN SIGNATURE: _____

OFFICE USE

TODAY'S DATE: _____

REFERRED BY: _____

TECHNICIAN NAME: _____

PIGMENT(S) USED: _____

MACHINE/NEEDLES USED: _____

ANESTHETIC USED: _____

TIME AND DATE OF FOLLOW UP: _____