

# INTERLOCKS®

## MICROPIGMENTATION (SEMI-PERMANENT MAKEUP) INFORMED CONSENT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

### TO AVOID UNFORESEEN COMPLICATIONS, PLEASE REVIEW INFORMATION AND ANSWER THE FOLLOWING QUESTIONS.

The nature and method of the proposed semi-permanent makeup (cosmetic tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand that there may be a certain amount of discomfort or pain associated with the procedure and that other possible adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and/or swelling. Fading or loss of pigment may occur. Secondary infection in the area of the procedure is rare if properly cared for, but may occasionally occur.

By signing below, I specifically acknowledge that I have been advised of the facts and matters set below, and I agree as follows:  
(Please initial the line next to the number after you clearly understand each statement)

1. \_\_\_\_\_ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such reaction is possible.
2. \_\_\_\_\_ I acknowledge that complications as a result of semi-permanent makeup procedures (microblading) may occur, particularly in the event that the post-procedural instructions are not followed, and accept full responsibility for such complications.
3. \_\_\_\_\_ I realize that my body is unique and practitioner can not predict how my skin may react as a result of the procedure.
4. a. \_\_\_\_\_ I have previously had micropigmentation performed by someone other than INTERLOCKS on the same area (brows, lips, etc) that I am asking an INTERLOCKS practitioner to work on today. \_\_\_\_\_ YES \_\_\_\_\_ NO  
b. \_\_\_\_\_ IF YES, I understand that correcting or touching up micropigmentation that was previously performed by others, involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which practitioner INTERLOCKS has no control. I understand that additional appointments after the initial and followup appointments may be required, and will be billed at INTERLOCKS' at standard rates.
5. \_\_\_\_\_ I understand that practitioner INTERLOCKS can not predict the results in advance and can not guarantee and has not represented that the results will be as I desire. I understand and fully accept the risks associated with this procedure and hold practitioner INTERLOCKS harmless from same.
6. \_\_\_\_\_ I acknowledge that the procedure may result in a long-lasting (many years) change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.
7. \_\_\_\_\_ I understand that future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my semi-permanent makeup, and that I must inform any future service provider that I have had micropigmentation applied. I understand and accept that such changes are not the fault of INTERLOCKS.
8. \_\_\_\_\_ I further understand that such changes or degradation in my appearance may not be correctable through further semi-permanent makeup procedures.
9. \_\_\_\_\_ I acknowledge that obtaining the micropigmentation is my choice alone, and I consent to the procedure and to its attendant risks, and to any actions or conduct of provider INTERLOCKS reasonably necessary to perform the procedure.
10. \_\_\_\_\_ I understand that I will have the opportunity to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility for same.
11. \_\_\_\_\_ 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 by INTERLOCKS and its practitioner Emma Belitsky of Brows&Beauty.
12. \_\_\_\_\_ *[Optional/Requested] I consent to INTERLOCKS and Brows&Beauty using "before & after" photos of me for marketing purposes to display its capabilities and results.*
13. \_\_\_\_\_ I have been given the full opportunity to ask any and all questions which I might have about obtaining semi-permanent cosmetic procedures from a micropigmentation specialist/practitioner, and that all of my questions have been answered to my full and total satisfaction. If you have previously had micropigmentation performed, has your medical history changed since you last filled out our Medical Profile form?  
\_\_\_\_\_ YES \_\_\_\_\_ NO. If YES, please specify. \_\_\_\_\_

I have read and understand the contents of each statement above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent I am of sound mind and capable of making independent decisions for myself.

Name (Please print legibly) \_\_\_\_\_

Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_