

## PMU TREATMENT CONSENT FORM

### **STATEMENT:**

**Client's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please read and add your initials on each line if you agree with the following statements:**

\_\_\_ I certify that I am over the age of 18, I am not under the influence of drugs or alcohol, I am not pregnant or nursing, and I consent to receiving the PMU procedure. The general nature of PMU treatment to be performed has been explained to me.

\_\_\_ I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on the treated areas. They will alter the color.

\_\_\_ I understand that sun, tanning beds, pools, some skin care products and medications can affect my final PMU result.

\_\_\_ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm scheduled for an MRI (Magnetic Resonance Imaging).

\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch up session within 6-8 weeks of initial procedure.

\_\_\_ Aftercare instructions have been explained to me which I will follow to the best of my ability.

\_\_\_ There will be no refunds for this elective procedure(s).

## **CLIENT MEDICAL HEALTH FORM:**

In order to perform the PMU treatment in a safe manner, we kindly ask you to give sincere answers to the following questions regarding your medical health.

Do you suffer from any of the following diseases or take any of the following medications?

1. Hemophilia	YES	NO
2. Diabetes mellitus	YES	NO
3. Hepatitis A, B, C, D, E, F	YES	NO
4. HIV +	YES	NO
5. Skin diseases	YES	NO
6. Eczema	YES	NO
7. Allergies	YES	NO
8. Autoimmune diseases	YES	NO
9. Are you prone to herpes?	YES	NO
10. Infectious diseases/high temperature	YES	NO
11. Epilepsy	YES	NO
12. Cardiovascular problems	YES	NO
13. Do you take blood thinners (anticoagulants)?	YES	NO
14. Are you pregnant?	YES	NO
15. Do you take any medications on daily basis?	YES	NO
16. Do you have a pacemaker fitted?	YES	NO
17. Do you have a problem with wound healing?	YES	NO
18. Have you consumed narcotics or alcohol in the past 24 hours?	YES	NO
19. Have you had a surgery, laser therapy or any other medical intervention in the past 14 days?	YES	NO

**If your response to any of the before mentioned questions was „Yes“, please write down a detailed explanation. Before the explanation, be sure to indicate the question number to which it relates.**

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If you answered „Yes“ to some of the questions, it does not automatically mean that you are not a suitable candidate for the treatment. Collecting data is of great significance to us because each client is a different individual thus an individual approach is required. The information you provided could also help in determining whether consultation with your doctor prior to the treatment is necessary or not.

If you suffer from a disease/condition that is not mentioned in the table, please inform us on that and indicate what it is about:

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The information you provided is confidential and it will be treated that way. It will not be disclosed to a third party.

**CONTRACTUAL OBLIGATIONS:**

I consent to photography, filming, recording, and/or digital imaging of the treatment to be performed and usage of the photos for the advertising purpose.

YES	NO
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**DISCLAIM RESPONSIBILITY:**

With this agreement, the Artist shall be exempt from all subsequent claims, demands, compensation of damages, actions and causes of action arising from the provided service.

**EXPLANATION:**

The client is informed in detail by the Artist on the specific risks which may arise from the PMU treatment.

**The following risks are particularly explained to me as a client:**

- Regardless of the staff's expertise and all safety precautions, an injury may occur during the treatment. Despite using the latest and best pigments, an allergic reaction is possible, but rare. The client is aware of that and bears responsibility.
- During and after the treatment, a temporary swelling, redness and/or itching may appear. Our experience tells us that these symptoms are transient in character.
- Quality of the skin is different in clients, the skin differently reacts to pigment insertion, hence there is no guarantee for the treatment success.
- Depending on the skin structure, it should be known that change in color intensity is possible and that one or more re-touch appointments will be required.
- How long the color will last, minimum or maximum duration, cannot be precisely determined, nor can a guarantee on the performed treatment be made.
- First refreshment is done four weeks after the procedure. The oily skin requires more refreshments.
- Permanent make-up always leads to the skin injury. It is thus important to carefully and gently nourish the skin after the treatment to ensure healing without complications.
- Inadequate after care during the healing period may lead to poor results and the Artist does not bear responsibility for that.

**The Client is obliged to take notice of the following in the next 15 days:**

For after-care, use exclusively the given cream or the pure vaseline. Please do not use creams other than the given ones in order to prevent possible infections or allergic reactions. During the first two weeks after the procedure, avoid public baths, suntanning, tanning beds, saunas, cosmetic treatments and intense workouts accompanied by sweating (sport activities), contact with dust (chores, etc.).

**The Artist does not bear responsibility in case of improper post-treatment care.**

**BINDING FORM:**

I confirm that I have read and understand the aforementioned information.

YES	NO
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I got a clear and comprehensible answer to all the questions I asked.

YES	NO
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The treatment procedure and the post-treatment care have been explained to me in detail and I agree to that.

YES	NO
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I did not get unrealistic guarantees regarding the expected results or the consequences of the said treatment.

YES	NO
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By signing the Consent, I certify that I had a chance to ask about everything related to the implementation of treatment and that the Artist provided me with clear and comprehensible answers to all my questions.

YES	NO
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I have no other questions or objections.

YES	NO
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I certify that I have read and fully understand the contents of this PMU consent. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I authorize \_\_\_\_\_ (name of Artist) as my PMU Artist to perform on my body the PMU procedure desired today.

**I confirm that I have read and understand this Consent Form and I agree to be bound by it. I agree that all the above information is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
**Client's Signature**

\_\_\_\_\_  
**Date**