

## Client Informed Consent and Procedure Chart # 2

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Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Area Code Work Phone# \_\_\_\_\_ Area Code Home Phone# \_\_\_\_\_ Area Code Cell Phone # \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**Please circle all that apply :** I request permanent cosmetic make-up procedures:

Beauty Mark	Lipliner	Lash Enhancement	Corrective Pigment Camouflage
Body Art	Lip Shading	Areola Repigmentation	Eyebrow Hair Simulation
Eyeliner	Full Lip Colour	Needling	Correction or Repair

I am over the age of 18 and desire Nikol Johnson to perform the elective cosmetic pigmentation procedure understanding that this procedure is for cosmetic purposes only and not for health reasons. If any unforeseen conditions arise in the course of this procedure calling for his/her judgment for procedures in addition to, or, different from those now contemplated, I further request and authorize him/her to do whatever necessary in the circumstances. I am aware that no guarantees have been made to me concerning the results of the procedure(s).  \_\_\_\_\_ **Date** \_\_\_\_\_

I also understand that the permanent skin pigmentation procedure carries with it the possible complications and consequences associated with this type of cosmetic procedure, which includes risk of infection, scarring, eye damage, inconsistent colour, hemorrhage, and possible spreading, fanning or fading of pigments and or allergic reaction to any products used. I understand the actual colour of the pigment may be modified slightly due to the tone and colour of my skin. I am aware that cosmetic procedures including but not limited to: Gortex, Alloderm, Fat Transference, Dermagin, Silicone or any other substance injected into or around the lip tissue AFTER having lipliner or full lip colour, may compromise the existing procedure boundaries. Laser treatments may also compromise the permanent cosmetic make-up application. I fully understand as with all such procedures that this is not a science but rather an art and that anything that can go wrong may go wrong. I request the permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure as well as the possible complications and consequences of the said procedure(s).  \_\_\_\_\_ **Date** \_\_\_\_\_

For the purpose of documentation, I also consent to the taking of before, during and after photographs / videos of said procedure(s) which become the technician's sole property and may or may not be used for what ever purpose deemed necessary. Understanding the permanent skin pigmentation procedure, the procedure, the permanency of the procedure, the possible consequences of the procedure, and that the procedure is for cosmetic purposes only, I hereby authorize Nikol Johnson to perform the permanent skin pigmentation procedure(s).  \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that I have read and initialed the above paragraphs and have had explained to me and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement.

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Patient/Legal Guardian /Parent \_\_\_\_\_ Date \_\_\_\_\_

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Technician / Witness \_\_\_\_\_ Date \_\_\_\_\_