

Permanent Makeup Room, LLC
444 Lewis Hargett Cr, Unit 170, Suite 9, Lexington, KY, 40503 Certification #123565
Olga Parshenkova – Tattoo Artist and Esthetician
Permit #103565

MEDICAL MICRO PIGMENTATION CONSENT AND PROCEDURE PERMIT

Please mark what type of medical pigmentation service you are receiving today

	Areola pigmentation
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	Scar Camouflage
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Name

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Address, postcode

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Occupation

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Date of Birth

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Work

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Home Phone

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Mobile

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Email

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I hereby grant permission to Permanent Makeup Room, LLC to perform upon myself Medical Micro pigmentation enhancement. In the event of any unexpected circumstances during the procedure(s), I also authorize her to exercise their professional judgment and take any necessary actions she deem appropriate.

I acknowledge that Medical Micro pigmentation enhancement constitutes an advanced form of tattooing.

I take responsibility for final decisions regarding the color, shape, and placement of the enhancement, as discussed and agreed upon during my consultation.

I acknowledge that the process of pigmentation involves multiple steps and visits, typically spaced at least one month apart. Soft tints of pigment are implanted into the skin gradually, layer by layer, to achieve the desired result. This method allows the pigments to integrate with various skin irregularities such as scars and grafts, albeit with the understanding that achieving perfect color matching may be challenging due to natural variations in skin tone influenced by factors like temperature, tanning, and circulation.

I acknowledge that undergoing a sensitivity test for the pigment does not ensure immunity from allergic reactions. While allergic responses to the pigment are uncommon, I accept full responsibility in the event that such a reaction occurs.

Similarly, I understand that sensitivity reactions to anaesthetics are possible, and I accept all responsibility if an allergic response arises.

Furthermore, I am aware that the pigments used are non-toxic, and while the achieved micro pigmentation may gradually fade over 1-3 years, the pigment remains in the skin indefinitely, potentially leaving a light residue of color.

I accept the highest standards of hygiene are met, and that sterile disposables needles are used for each individual client, procedure and visit.

I comprehend and acknowledge that each procedure is a step-by-step process, potentially necessitating multiple pigment applications to attain the desired outcome, with no guarantee of absolute success.

I understand that pigment may migrate under the skin, however this is a rare occurrence.

I am aware that Medical Micro pigmentation constitutes an invasive procedure, and I understand that the infusion process may cause discomfort.

I am aware that the result of the procedure is determined by the following:

- Medication
- Skin characteristics – i.e. dry/oily/sun-damaged
- Natural skin undertones
- Alcohol intake and smoking
- A compromised immune system
- Poor diet
- Post procedure care treatment

I've been informed that following the procedure, there may be temporary swelling and redness of the skin, typically resolving within 1-4 days, influenced by lifestyle factors. Bruising may occur in some instances. I understand that while I can generally return to normal activities immediately after the procedure, I should limit the use of cosmetics, prolonged water exposure, excessive perspiration, and sun exposure for up to two weeks following the infusion process.

I acknowledge that immediately after the procedure, the enhancement may appear 30 to 50% darker than the intended result and may take between 4-10 days to lighten. I understand that the true color will become apparent one month after each application, and that variations in skin tones, type, age, and conditions can influence the final outcome. I recognize that different skin types may accept color differently, and thus, there is no guarantee of achieving an exact effect or color.

I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however this is a process.

I agree to inform my doctor of my permanent cosmetic enhancement if I require an MRI scan within three months of receiving the procedure.

I agree to adhere to all pre-procedure and post-procedure instructions provided and explained by the practitioner. I understand that failure to follow these instructions may result in infection and potential scarring.

To the best of my knowledge, I do not have any physical, mental impairments, or disabilities that might impact my well-being directly or indirectly as a result of my decision to undergo the procedure at this time. I confirm that I am at least 18 years old and not under the influence of drugs or alcohol.

For documentation purposes, I consent to the taking of "before" and "after" photographs of the procedure(s).

I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE MEDICAL MICROPIGMENTATION OF MY OWN FREE WILL.

Client Name	Signature	Date
Practitioner Name	Signature	Date