

Laser Lounge Med Spa Consent and Release

I have requested and do hereby authorize Laser Lounge Med Spa to perform micro dermal (intra-dermal) pigmentation, a permanent cosmetic procedure for the enhancement of the external appearance of my face and/or skin that may necessitate the use of prescriptions prescribed by a physician.

LIPS: I understand that receiving a procedure for lip color may result in an outbreak of cold sores or fever blisters if I have a history of such outbreaks. In such case I understand that I should consult with my physician for prescription pre-medication for the prevention of or medication for outbreak of cold sores. Swelling will occur with a lip procedure. Lips can be swollen for two to three days or in some cases longer. There will be an epithelial crust that will form in the following days. This crust is dried pigment and plasma that forms externally. The crust will fall off naturally within a few days. Picking at the crust scrubbing, rubbing, scratching, and harsh cleansers will result in loss or distortion of color pigment. I understand pigmented color is by intensity. For deep color in the lip area additional treatments may be required.

EYES: I understand that some pigments used in cosmetic procedures contain ferrous oxide and there is a remote risk of transient skin irritation and cutaneous swelling following MRI procedures. Ferrous oxide pigment in the skin has been known to appear as an artifact in MRI imaging and the attending physician should be made aware of this. I understand swelling is noticeable in the eyeliner. Eyes are usually slightly swollen until midday of the day following the procedure. I also understand that pigments will normalize a different color than when first applied.

CAMOUFLAGE AND SCAR REVISION: I fully understand that scar revision and skin camouflage procedures require more than one treatment. Three to four weeks between treatments is also required for healing to occur and for normalizing skin color to attempt skin tone match. These procedures, however, are not immediate and are experimental in nature and can in no way eliminate or reverse existing skin conditions. Additionally, some severe cases may result in complications and may risk temporary darkening of the skin or uneven skin tone, infection, and/or allergic reaction.

I am fully aware and completely understand it is necessary for the skin barrier to be broken which may result in swelling, redness and the possibility of infection. I understand that allergic reactions to pigments, however uncommon, may occur. Allergic reactions to antibiotic ointments and to anesthetics can also occur. I understand that any allergic reactions or infection, which results from the procedure, must be reported within five (5) working days to Laser Lounge Med Spa and the Texas Department of Health.

I understand that post micro-pigmentation care must be observed for a two week period. I will receive a post care information sheet and am instructed to follow the instructions. I am aware that failure to follow post care may result in loss of pigment, discoloration, or infection. During the recovery time, application of antibiotic ointment and a lubricating ointment should be applied. The pigmented areas should be cleansed twice daily avoiding soaps, chemicals and cleansing creams. Hot showers, saunas, chlorinated water and fresh or salt waters should be avoided, as well as sun exposure. I am not to pick at the epithelial crust.

I further understand that the clinical outcome for any of the above-described procedures is in direct proportion to the nature of my skin pathology and condition. All conditions must be revealed or disclosed by me on the patient history form regarding my health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could be discovered during the procedure, which could affect my ability to tolerate the procedure. I understand that it is my responsibility not to move during the application of the procedure. For those who have special conditions or have never had a procedure of this nature a patch test is advised. I understand the nature, purpose, and the risk of the procedure through these procedures. I am aware of the cost of the procedure, and understand that in approximately two (2) to four (4) weeks following the initial procedure I may need a touch-up. Touch-ups are done for an additional nominal fee.

I certify that I have consulted with a representative of Laser Lounge Med Spa and have read all applicable literature given to me. The risks of the cosmetic procedure I have chosen have been disclosed to me. I have read and fully understand all of the information presented in this consent and release form. I accept the explanation of potential complications and risks described herein. I accept full responsibility for these and any other complications that may arise or result during or following the intra-dermal pigmentation procedure(s), which are to be performed at my request. I certify that I am 18 years of age or older, of sound mind, and I am fully capable of executing this consent and release form for myself.

Name: _____ Texas Drivers License # _____ Date _____

Signature _____ Date of Birth _____

Laser Lounge Med Spa

PLEASE READ THE FOLLOWING NOTICE:

You are hereby notified of the possible risks and dangers associated with the application of micropigmentation. These risks and dangers include, but are not limited to, at least the following:

- I. The possibility of discomfort or pain;
- II. The permanence of the markings;
- III. The risk of infection; and
- IV. The possibility of allergic reaction to the pigments or other materials used.

NO PERSON MAY BE MICROPIGMENTED WHO APPEARS TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

I have received a copy of applicable written care instructions and I have read and understood such written care instructions.

CLIENT'S SIGNATURE: _____

TO BE COMPLETED BY THE ARTIST:

ARTIST NAME: _____

CLIENT'S AGE: _____ CLIENT'S DOB: _____

TYPE OF VALID IDENTIFICATION PROVIDED: _____

LOCATION OF PERMANENT COSMETICS: _____

COLOR(S) USED: _____ CATALOGUE #: _____

COLOR(S) USED: _____ CATALOGUE #: _____

Pigment may not be implanted on a person younger than 18 years of age without meeting the requirements of 25 Texas Administrative Code, 229.406, whose parent or guardian determines it to be in the best interest of the minor child to cover an existing tattoo.

Post Micropigmentation Care

Observe the following for a two-week period:

Your skin has just received a micropigmentation process. A color pigment has been placed into your recently broken skin. There will be an epithelial crust that will form in following days. This crust is dried pigment and plasma that forms externally. The crust will fall off naturally within a few days. Picking at the crust, scrubbing, rubbing, scratching and harsh cleansers will result in a loss or distortion of color pigment. Swelling is more noticeable in eyeliner and lip color procedures. Eyes will be slightly swollen until midday of the day following the procedure. Lips however, can be swollen for two to three days or in some cases longer. For the first few days following the procedures the area will feel similar to that of a sunburn. A topical ointment will soothe the area. As healing progresses, color will soften. Failure to follow post care as follows may cause loss of pigment, discoloration or infection. Please wait for at least three (3) weeks after your initial procedure to schedule a touchup.

Instructions

1. If swelling occurs on the first day of the procedure, apply ice as needed. Wrap the ice in a paper towel, applying to the area for 15 minutes every hour until swelling subsides.
2. Keep the treated area moist. Apply a thin layer of antibiotic ointment (polysporin, Neosporin, bacitracin, mycitracin, etc.) twice daily for five (5) days as needed. Overuse or misuse of antibiotic ointment can result in breakouts. Use Q-tips to apply ointment.
3. On large pigmented areas such as scar revision or areola use sterile dressing.
4. Gently cleanse treated area/s twice daily with cool water. Absolutely no soaps, chemicals or cleansing creams should be applied to the area for seven (7) days. Absolutely no scrubbing.
5. Do not expose treated area to the full pressure in the shower. Avoid hot water and steaming showers.
6. Do not soak treated area in a sauna, hot tub, or pool with chlorinated water. Avoid swimming in fresh or salt water areas for at least two (2) weeks.
7. Do not expose treated area to sun for at least two (2) weeks.
8. Do not pick at the epithelial crust. Keep hands off at all times.
9. Lips – Drink through a straw. Avoid salty and spicy foods for several days.
10. Colors will appear brighter and more sharply defined immediately following the procedure. It will lighten as it heals.
11. At the first sign of infection, allergic reaction, or adverse reaction, contact your health care provider, this office and the Texas Department of Health at 888-839-6676.

Your procedure has been performed by _____ Date _____

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