Beautiful You™
MEDSPA
COSMETIC TATTOOING AND FACIAL INJECTABLES

Consent and Release for Aesthetic Services and Permanent Cosmetics
Beautiful You Med Spa, LLC personnel known as Technician/Releasee hereinafter this document.

(**ClientName/Releasor**) _____ who resides at
(**Address**) _____ (**City**) _____**Zip**)_____
(**Phone**) _____-_____-_____ (**E-Mail**) _____(**Date of Birth**) _____

Agreement – Acknowledgement of the risks and/or complications associated with facial injectables, cosmetic tattoo, micro-needling, acne scar treatments, plasma skin tightening, brown spot removal, skin imperfection removal and wrinkle treatments, laser and IPL treatments.

The Releasor has been informed by the Releasee of the possible dangers which may occur as a result of any of the above listed procedures being performed. The Releasor acknowledges that those dangers may include eye injury from permanent eyeliner procedures, swelling, bruising, temporary minor bleeding, hypo/hyper-pigmentation, and/or redness or pinkness on the appearance of the Releasors face, which may not be desirable to the Releasor.

PLEASE CHECK ANY CONDITIONS LISTED BELOW THAT APPLY TO YOU

	Diabetes		Epilepsy		Fainting or Dizziness		Cardiac Valve Disease
	Trichotillomania		Blood Thinners		Pregnant/Breastfeeding		Alopecia
	History of Shingles		Autoimmune Disorder		Eczema/Psoriasis		Cold Sores on Lips
	Planning Cosmetic Surg'y		Asthma		On Steroids/Corticoster		Allergic to Antibiotics
	Cancer		Hemophilia		Use Retin A/Accutane		Other _____

Have you had permanent cosmetics/micoblading before? _____ Where on face? _____ Date _____

Have you had laser treatments before? _____ Last treatment description _____ Date _____

Have you had facial injectables before? _____ Last treatment description _____ Date _____

Have you used Retin-A, Accutane, Hydroxyl Acid or Retinol/Vitamin A products before? _____

Have you used any of these products in the last 3 months? _____

What is your daily skin care routine? _____ Products Used _____

Are you undergoing any hormone replacement therapy? _____ Type _____

Allergies to food/medications: List _____

Medications/vitamins/oils: List _____

When was the last time you had sun exposure or blue/red light therapy longer than 10 minutes? _____

Have you had a spray tan, a tanning bed treatment or have you applied lotion tan in the past two weeks? _____

Any skin or medical conditions that may affect the outcome of your procedure/services? _____

Have you ever been prescribed antibiotics prior to dental or surgical procedures? _____

Services you are here for today? _____

How did you hear about Beautiful You? _____

Comments or Concerns _____

PLEASE READ AND CHECK THE BOXES WHEN YOU ARE CERTAIN YOU UNDERSTAND THE IMPLICATION OF SIGNING

In consideration of receiving permanent cosmetics/facial injectables/laser/IPL/micro-needling/plasma skin tightening/scalp micropigmentation or skin imperfection removal from any licensed Beautiful You Med Spa, LLC technician,
I confirm the following by initialing:

_____ I am the person presented and **I am at least 18 years of age**.

_____ I am not under the influence of alcohol or illegal drugs.

_____ The procedure I am receiving has been explained to be via written and/or verbal information.

_____ I understand that permanent cosmetics/microblading are tattoo and that pigment is placed under the skin.

_____ I understand that tattooing is permanent and that if I choose to have it removed, it may be expensive and may leave scarring.

_____ If receiving permanent cosmetics today, I acknowledge that I have had no dermal fillers within 3 weeks of today.

_____ I understand there is a possibility of an allergic reaction to the pigments commonly used in tattooing.

_____ I understand tattoo pigments, inks, dyes have not been approved by the Federal Drug Administration (FDA).

_____ Any questions I have about my procedure today have been answered to my satisfaction.

_____ I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.

_____ I agree to follow all of my post treatment instructions and that any color-boosts needed for permanent cosmetics will be done at my own expense.

_____ I understand that I may feel lightheaded, dizzy or faint during or after my tattoo, laser or facial injectable procedure.

_____ I agree to immediately notify the technician in the event I feel lightheaded, dizzy or faint before, during or after my procedure.

I, _____ (Releasor) have been fully informed of the risks of tattooing, micro-needling, facial injectables, laser, IPL, skin imperfection removal, plasma skin tightening including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment and antibiotics, migration of tattoo pigment, itching as well as some discomfort during any of these procedures. Being informed of the potential risks associated with said procedures, I still wish to proceed, and I assume any and all risks that may arise from these procedures. I understand that permanent cosmetics are not an exact science and may need modifications. I allow Beautiful You Med Spa, LLC to use photographs of my procedure site as an example of their work without my name attached. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or technician from liability and assume full responsibility thereof.

Signed (**Client/Releasor**) _____ Date _____

Parent Signature if under 18 years of age. _____ Date _____
Parent Must Remain Present During Procedure

Beautiful You Med Spa, LLC Technician (**Releasee**) _____ Date _____