



## Tattoo Removal Consent Form

Date of the Procedure: \_\_\_\_\_

Description of the Procedure: Tattoo Removal using the E-dermis Pen machine by Linda Paradis Group with magnetic needles 88RS and the application of a removal cream to the tattooed area. This procedure is a non-laser, non-invasive method of tattoo removal.

Name of the professional performing the procedure: Tunde Kiss Negrón

Location of the Tattoo: Eyebrow ( )                      Eyeliner ( )                      Lips ( )

Age of Tattoo: \_\_\_\_\_                      How many times had the area tattooed? \_\_\_\_\_

Client's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Email: \_\_\_\_\_

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

Cell Phone number: \_\_\_\_\_

1. I, \_\_\_\_\_ understand that the Tattoo Removal procedure I am receiving today will be performed by Tunde Kiss Negrón certified Tattoo Removal artist using Magnetic needles 88RS.

Initial \_\_\_\_\_

2. I understand that the Tattoo Removal procedure uses the E-dermis Pen with magnetic needles 88RS and the application of a topical cream to the tattooed area in order to dissolve the pigment.

Initial \_\_\_\_\_

3. I understand that today's session might not completely remove my tattoo and that it might take up to several sessions until the complete removal of my tattoo.

Initial \_\_\_\_\_

4. I understand that there are many variables that will influence the result of my procedure, and that there can be textual and/or color changes in the skin.

Initial \_\_\_\_\_

5. I understand that although infections following a Tattoo Removal session is unusual, bacterial, fungal or viral infections can occur. Herpes simplex viral infections in and around the treated area can occur whether an individual has a history of herpes simplex viral infections or no known history of herpes simplex viral infections. Should any type of infection occur, seek medical care.

Initial \_\_\_\_\_

6. I understand that I am to follow the care, hygiene and sanitization instructions listed in the Aftercare instructions given to me in order to properly heal and prevent any infections after the Tattoo Removal procedure and during the healing process. **(See attached)**

Initial \_\_\_\_\_ (I have received after care instructions)

7. I acknowledge that I shall not rub or pull on the treated area. Initial \_\_\_\_\_

8. I recognize, thoroughly understand and agree that there are certain inherent risks associated with this procedure including but not limited to pain, purpura, redness, swelling, burning, blistering, crusting/scab formation, scarring, infection, which might last for months, years or permanently and I assume full responsibility for all personal injury to myself as a result of this procedure. I further release, discharge and hold harmless Kiss Kreations Permanent Makeup LLC along with its owners and agents for their own negligence, which may result in any injury, loss or damage arising out of this procedure, whether caused by fault of myself, Tunde Kiss Negron or other agent's of Kiss Kreations Permanent Makeup LLC. I further understand that the clear intent of this provision is to release and hold harmless Kiss Kreations Permanent Makeup LLC along with its owners and agents for any injuries caused from their negligence.

Initial \_\_\_\_\_

9. I understand that if I have any unexpected problems with the healing of my skin even after I have followed all the aftercare instructions, I should contact a doctor immediately.

Initial \_\_\_\_\_

10. I understand that additional Tattoo Removal sessions might be necessary within a few weeks after my initial session and that I will have to pay for those additional sessions.

- I hereby declare that I am over the age of 18. **(Initial \_\_\_\_\_)**
- I hereby declare that I am not pregnant. **(Initial \_\_\_\_\_)**
- I hereby declare that I have not had any Botox injections in my face in the past 30 days. **(Initial \_\_\_\_\_)**
- I hereby declare that I am not diabetic. **(Initial \_\_\_\_\_)**
- I hereby declare that my skin is not keloid prone. **(Initial \_\_\_\_\_)**
- I hereby declare that I am in good health and free of any symptoms indicating communicable and/or contagious diseases. **(Initial \_\_\_\_\_)**
- I hereby declare that I am not currently taking any anti depression medicines. **(Initial \_\_\_\_\_)**
- I hereby declare that I will follow all the aftercare instructions given to me. **(Initial \_\_\_\_\_)**

11. I have thoroughly read, understood and discussed all the above information and attachments with the certified professional and I have had the opportunity to ask any and all questions about any of my concerns regarding the procedure and the terms of this consent with attachments. All of my questions and concerns have been addressed to my satisfaction and I enter into this consent upon my own free will and accord without any questions or reservations, whatsoever, about the procedure and the terms of the consent and attachments contained herein.

Initial \_\_\_\_\_

12. I represent that before signing this agreement, I have had the opportunity to consult with my physician regarding the procedure and the risks associated therewith and after doing so I still wish to proceed.

Initial \_\_\_\_\_

13. I, the undersigned, hereby voluntarily consent to receive the Tattoo Removal procedure Tunde Kiss Negron certified Tattoo Removal artist.