



## Consent Form for Microblading & Permanent Makeup Removal With Magnetic Tattoo Removal Technique

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### DESCRIPTION OF THE PROCEDURE:

Our tattoo removal is a non-invasive and non-laser procedure. This procedure utilizes Magnetic Round Square 88 Needles that Hoover through the epidermis of the skin while applying the Tattoo Remoov™ or E-Dermis™ solution, without penetrating deep into the skin.

It is similar to the permanent makeup procedure except the cartridge does not penetrate deep into the skin. It barely grazes it.

This technique does not require any numbing. The only feeling is the tingling from the alcohol contained in the solution. The skin will be slightly red for a few days but the healing is fast.

The tattoo removal product has a white color. After putting it on the tattooed area, the color turns gradually to green after several sessions. This is due to the mixture that happens between the tattoo removal product and the iron oxide contained in permanent makeup pigments. The main components of the tattoo removal product are food and cosmetic molecules which are not dangerous to your health or your skin.

This technique is effective on all kind of tattoos, all colors, on all types of skin, and in all seasons.

The Tattoo Remoov™ or E-Dermis™ solution is non-acidic, doesn't contain saline, enzyme, TCA, Lactic, Phytic, or Glycolic Acid. The PH level is 8.5, low alkaline.

The technique does not use thermal waves as the laser does, therefore the procedure is less painful and the result is guaranteed with the necessary number of sessions.

#### **This procedure is NOT:**

- ▷ Surgical
- ▷ Dermabrasion
- ▷ Cryotherapy (cold therapy) tattoo removal
- ▷ Laser
- ▷ Acid or Saline tattoo removal

#### **The number of sessions depend on:**

- ▷ Tattoo age
- ▷ Tattoo size
- ▷ The pigment quality
- ▷ The pigment quantity
- ▷ Deepness of the ink in the skin
- ▷ Your skin phenotype and thickness
- ▷ Number of sessions of PMU/Microblading done and the quantity of titanium used to cover the old tattoo

### FREQUENCY OF TREATMENTS

The procedure can be performed every 3-4 weeks. Healing takes longer for more mature skin and if you have scar tissue from previous tattoo removal treatments or permanent makeup/tattoo procedures.

### WARNING

If you had the following treatments the tattoo removal procedure can be performed:

- ▷ 8-12 weeks after laser removal until the epidermis is totally healed
- ▷ 8 weeks after a chemical peel
- ▷ 4-6 weeks after microneedling

#### **New permanent makeup can be performed after total skin recovery:**

- ▷ 2-3 months after last removal session for eyebrows
- ▷ 1-2 months after last removal session for lips PMU

**MUTUAL CONSENT FOR TATTOO REMOVAL**

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**TATTOO AND SKIN INFORMATION**

The age of your tattoo \_\_\_\_\_

Specify the Size of your Tattoo: \_\_\_\_\_ inch

Is your tattoo done by a professional?  
 Yes  No

Have you had skin color pigment (titanium) used to cover a prior tattoo?  
 Yes  No

Do you have acid scars (from tattoo removal done with Salt Saline)?  
 Yes  No

Have you already done any Laser Tattoo Removal?  
 Yes  No

Number of sessions: \_\_\_\_\_ Date of last treatment: \_\_\_\_\_

Have you already done other tattoo Removal techniques?  
 Yes  No

If yes, specify them: \_\_\_\_\_

Number of sessions: \_\_\_\_\_ Date of last treatment: \_\_\_\_\_

**HEALTH INFORMATION**

**Please answer the following questions with Yes or No:**

Do you suffer from a dermatologically active disease (psoriasis, eczema, etc)?  
 Yes  No

Do you have any scarring problems?  
 Yes  No

Did you recently take any anticoagulants( blood thinner)  
 Yes  No

Do you have keloid skin scars?  
 Yes  No

Do you take any medication? if yes, what are they?  
 Yes  No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking anti-depressants?  
 Yes  No

Are you having any chemical peel or laser treatments?  
 Yes  No

Did you get any botox or fillers?  
 Yes  No

Do you sweat a lot?  
 Yes  No

Did you recently bleach the color or put any dyeing on your skin on the tattooed area?  
 Yes  No

Are you a smoker?  
 Yes  No

Do you have any Herpes?  
 Yes  No

Are you pregnant or currently breastfeeding?  
 Yes  No

Do you often go to swimming pools?  
 Yes  No

Are you prone to allergies? If Yes please specify:  
 Yes  No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you infectious with the virus (HIV, Hepatitis, Covid-19 ..... )  
 Yes  No

If Yes please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE & CONSENT FORM**

**(Initial \_\_\_\_\_)** I understand that there are many variables that can influence how many sessions it will take for my tattoo to be completely removed including but not limited to: my age, the age of my tattoo, the size of my tattoo, the nature and depth of my tattoo, my skin type, the quality of the pigment that was used in my tattoo.

**(Initial \_\_\_\_\_)** I understand that I must follow the technician’s after-care instructions and send pictures every week during healing for observation.

**(Initial \_\_\_\_\_)** I, \_\_\_\_\_ understand that the Tattoo Removal procedure I am receiving today will be performed by a certified tattoo removal artist using Magnetic needles 88RS.

**(Initial \_\_\_\_\_)** I understand that the Tattoo Removal procedure uses the E-dermis Pen with magnetic needles 88RS and the application of a topical solution to the tattooed area in order to dissolve the pigment.

**(Initial \_\_\_\_\_)** 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 \_\_\_\_\_)** I understand that although infections following a Tattoo Removal session are 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 \_\_\_\_\_)** I understand that I am to follow the care, hygiene, and sanitization instructions listed in the Aftercare instructions were given to me in order to properly heal and prevent any infections after the Tattoo Removal procedure and during the healing process.

**(Initial \_\_\_\_\_)** I recognize, thoroughly understand, and agree that there are certain inherent risks associated with this procedure includes but is 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.

**(Initial \_\_\_\_\_)** 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 the fault of myself, “from” a certified tattoo removal artist agents 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 by their negligence.

**(Initial \_\_\_\_\_)** 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 \_\_\_\_\_)** 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.

**(Initial \_\_\_\_\_)** 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 \_\_\_\_\_)** 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 \_\_\_\_\_)** 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 \_\_\_\_\_)** I, the undersigned, hereby voluntarily consent to receive the Tattoo Removal procedure “from” a certified tattoo removal artist certified Tattoo Removal artist.

Client’s Printed Name:  
\_\_\_\_\_

Client’s Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_\_

**ACKNOWLEDGMENT**

(Initial \_\_\_\_\_) I acknowledge, that the number of sessions depends on the followings:

- ▷ The tattoo age, and size
- ▷ Nature of skin and depth of the ink in the skin
- ▷ The pigment quality and quantity of the skin
- ▷ Skin type of each person (Pigment absorption by your skin)
- ▷ Numbers of sessions done before with laser. \*Note: the laser tattoo removal technique pushes the ink deeper into the skin
- ▷ Tattoo removal has been explained to me, and I felt free to ask questions that were answered with satisfaction.
- ▷ Organic Aftercare has been given to me after treatment

Client's Signature

Date

**PHOTO RELEASE**

I, \_\_\_\_\_ hereby consent to and authorize the use by **Kiss Kreations Permanent Makeup LLC** of the specified tattoo removal photographs and/or video; that is, photographs taken before, during and after my procedure.

I understand that my identity will be protected and neither my full face nor my name will be used in conjunction with the photographs and/or video.

**Kiss Kreations Permanent Makeup LLC** has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that **Kiss Kreations Permanent Makeup LLC** requests to be used and it is understood that these photos may be used on **Kiss Kreations Permanent Makeup LLC's** website, social media accounts {Facebook, Instagram}, and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used.

Should I desire to revoke permission for their use in the future, I understand that I must notify **Kiss Kreations Permanent Makeup LLC** in writing and allow 30 days to accomplish this removal.

I now release **Kiss Kreations Permanent Makeup LLC**, and anyone authorized by **Kiss Kreations Permanent Makeup LLC**, all personal rights and objections I have or may have to the above-described uses of my photographs and/or videos. I have entered into this release freely or voluntarily and agree to be bound thereby.

Client's Signature

Date