

Disclosure and Release Form for Implantation of Pigment

Eyeliner and Eyebrows

Ahhh, The Spa at Tamarac, operated by Spectrum Health Gerber Memorial appreciates your patronage and interest in new and improved techniques of permanent makeup. Please read and fill out this disclosure and release form completely.

Client Disclosure

Please read the statements below, putting your initials before each one, indicating

I completely understand the following:

- _____ That no warranty or guarantee has been made to me as a result of this permanent makeup procedure and that the final result cannot be guaranteed.
- _____ That there maybe risks and hazards related to the performance of this procedure planned for me.
- _____ That there is potential for discomfort during the procedure and during the healing process.
- _____ That tattooing is considered permanent, however, it may fade with time.
- _____ That a tattoo can only be removed with a surgical procedure, and that any effective removal may leave permanent scarring or disfigurement.
- _____ That misplacement of the dye can occur, under rare circumstances, requiring excision of the misplaced dye. In rare cases, there may be permanent loss of eyelashes.
- _____ That I have been given the opportunity to ask questions about the procedure, the risks and the hazards involved.
- _____ That I have sufficient information to give this informed consent.
- _____ That Ahhh, The Spa at Tamarac will not, under any circumstance, perform any permanent makeup procedures on me if I am known to have any allergies.

_____ That I must inform my technician of all medication being taken by me, even though I have written it on the confidential health history form. For example; pain control medication such as aspirin may cause the blood to thin and excessive bleeding may occur.

_____ That it is my responsibility to advise the technician of any concerns I may have before he or she begins the procedure, even though I may have written it down on the form.

_____ That I am free from drug and alcohol use or any other substances.

_____ That I am not pregnant.

_____ That I have no known allergies to anything. I release Ahhh, The Spa at Tamarac and its representatives and subsidiaries of all claims for injury, seen or unseen that may occur as a result of this procedure.

I fully understand the questions, terms and conditions of this disclosure and release agreement and all have been explained to me.

I certify that this disclosure and release agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge.

I have also read and understand the attached aftercare treatment instructions and Recommendations and I understand my responsibility to follow them to ensure proper healing of the treated area.

Client's printed name: _____

Client's signature: _____ Date: _____

For Ahhh, Spa Staff Only

- I certify that I gave the client this disclosure and release form and that he/she has signed it.
- I certify that I have explained the client's responsibilities and the importance of the aftercare treatment instructions to the client prior to their procedure.
- I certify that if applicable, I have obtained the physician's statement of the client's health and there are no indicated restrictions to this procedure.

Technician's Printed Name: _____

Technician's Signature: _____ Date: _____