



Amber Rose Skin Care Pigment (Tattoo) Lightening Client Consent Form

Full Name: _____ Date: _____

Date of Birth: _____ Phone Number: _____

Email address: _____

Who may I thank for your referral? _____

Occupation: _____

Emergency Contact: _____

Phone Number: _____

Describe tattoo to be lightened:

What area of the body is the tattoo located?

List any prescription medications you have been taking in the past 6 months:

Have you received chemotherapy or radiation in the past 6 months? Yes ____ No ____

Please circle any of the following allergies that apply: Lanolin, Latex, Glycerin,
Novocain/Lidocaine, Paint, Metals, Crayons, Foods, Dyes, Hair.

Please circle any of the following health conditions that apply to you: Retin-A (within the last 2 weeks), Anemia, Prolonged Bleeding, Low Blood Pressure, High Blood Pressure, Alopecia, Artificial Heart Valves, Diabetes, Hemophilia, Fainting Spells or Dizziness, Liver Disease, Circulatory Problems, Epilepsy, Tumors, Growth or Cysts, Thyroid Disturbances, Keloid Scars, Hepatitis, Cancer, Chemical Peel or Laser within the last 6 weeks, Hair loss, HIV, AHA Preparation in the last 2 weeks, Botox, Fat, Collagen or Filler Injections, Pregnant/Nursing, Hypertrophic Scars, Makeup Sensitivities, Trichotillomania (Pull out lashes and or brows compulsively), Healing Problems, Scar Easily, Bruise Easily.

MEDIA RELEASE CONSENT: For the purpose of documentation, advertising, record and use in a portfolio, I CONSENT to the taking of “before” and “after” photographs of my procedure.

Client Signature: _____ **Date:** _____

Please read the following statement carefully:

-Permanent cosmetics or Removal **cannot** be performed on pregnant women or nursing mothers. Permanent cosmetics or Removal cannot be applied to any person under the age of 18.

-There is no way to advise on how many tattoo removal sessions you will need.

-Infections can occur if after care instructions are not followed correctly.

-There may be swelling and redness following the procedure. You may experience minimal bleeding during procedure.

-Scarring is extremely rare, but may occur.

-The pigments will fade, depending upon your skin cycle.

-After your session, your treated area may appear darker then faded over the healing time.

-You must wait 8 weeks before having your next removal session or permanent makeup session.

Please initial here: _____

Please read the following statement carefully regarding healing process:

The healing process requires commitment from the client to follow healing protocols and stay away from regiments that could interfere with obtaining the desired appearance.

-I understand that to achieve the best results I must be willing to follow the healing guidelines given to me below.

-Touch up session for tattoo removal should be scheduled 8 weeks from the first session.

-I understand that touch ups will not be scheduled before 8 weeks for the required healing time

-I understand that I may experience scabbing, flaking, and changes in color during the healing time. This is the normal part of the healing process and I should not try to pick scabs or cover up with personal regiment

-I understand that applying makeup to the treated area will cause the healed result to be less than desirable

-I understand that if I decide to have a facial, laser treatment or any other spa related services immediately after or during the healing process that the results may not be best

I understand that if I go out in to the sun, pool and or beach that there will be significant amount of fading

I understand and have had explained to me proper home care treatment for my procedure. I understand that these procedures may produce some swelling, redness, itching, discomfort, numbness, and adverse side effects.

I understand that the treatment I have chosen is for cosmetic purposes only and **NO GUARANTEES** have been made to me concerning the results of the procedure.

I understand that the results achieved and number of treatments required will differ from person to person.

I understand and accept that each procedure is a process requiring multiple applications of pigments to achieve desired results, and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.

I can confirm that all of the information provided by me, is correct and truthful.

I understand that there are no refunds for cosmetic procedures.

I hereby authorize Amber Rose Skin Care to perform Permanent Makeup and or Tattoo Lightening/Removal procedure on me.

Client Signature:

Client Printed Name: _____ Date: _____

Brow/Lip Tattoo Lightening/Removal After Care

AFTER CARE: Please follow instructions below:

Starting TODAY: Lightly dampen a cotton round or pad with saline wound care (provided) water, and pat brows 3-4 times a day for 7 days.

AFTER ALL scabs have fallen: Apply a tiny amount of the Vitamin E Oil (provided) on brows 3-4 times a day until your next appointment. (SCABS MUST ALL BE GONE NATURALLY)

Follow Below Instructions for the next **2 WEEKS!**

AVOID:

- DO NO** Pick, Scratch or Rub
- NO** Makeup on Brows (powders, foundation, or brow makeup)
- NO** Excess Water
- NO** Excess Sun Exposure
- Tap to release itch
- Pat to dry if they get wet
- Avoid sweat producing workouts
- Avoid sleeping on either side of your face
- MOST IMPORTANTLY** Be Patient with the process!

I have read and I understand the proper home care treatment for Brow/Lip Tattoo
Lightening/Removal:

Client Signature: _____ Date: _____

Client Printed Full Name: _____

