

Timeless Allure

Dr Tracy A Miller

Permanent Makeup

CONSENT FOR PIGMENT (TATTOO) LIGHTENING

Name (Please Print) _____

The nature and method of the pigment (tattoo) lightening procedure has been explained to me including risks and/or possible complications during or following it's performance. I understand there may be a certain amount of discomfort associated with the procedure and that other adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Secondary infection in the area of the procedure may occur, however if properly cared for, is rare.

_____(Patient Initials)

I understand that several sessions may be needed in order to achieve my desired results. I have not received any guarantees to the quality of the outcome of the process as too many factors play a part in the final results.

_____(Patient Initials)

I understand there are medical options available for pigment (tattoo) removal. I have declined those methods at this time.

_____(Patient Initials)

Scarring, hyperpigmentation, hypo-pigmentation, or other damage to the skin, though rare, may occur during this process and may be permanent. I will not hold Timeless Allure or Dr. Miller liable for any damages that may occur.

_____(Patient Initials)

Which of the following best describes your skin type? **(Please circle only one)**

1. Always burns, never tans
2. Always burns, sometimes tans
3. Sometimes burns, always tans
4. Rarely burns, always tans
5. Brown, moderately pigmented skin
6. Black skin

For skin types 5 & 6:

I Understand that I am at higher risks for hyper-pigmentation, or hypo-pigmentation than other skin types. I agree to the risks involved.

_____(Patient Initials)

Lightening tattoo pigment is difficult. I understand that the unwanted pigment may not be completely lightened to the point that it can no longer be seen. In rare cases, it is possible that no lightening is achieved; however, I understand that it is a process and results may not be seen after the first or even second session. Patience is required.

_____(Patient Initials)

I agree to submit to before and after photographs, and give my permission for unrestrictive use of such photographs for publication and/or teaching purposes.

_____(Patient Initials)

I have received both written and verbal aftercare instructions and agree to follow the instructions provided to me by Timeless Allure, LLC. I further understand that Dr. Miller is not a medical doctor or dermatologist.

_____(Patient Initials)

There is a fee for this service and additional fees for all additional sessions. The number of additional sessions needed cannot be determined until the results from this first session are complete. The fees have been explained to me and I agree to the fees. The fee for this first session is \$_____

_____(Patient Initials)

I UNDERSTAND AND ACCEPT THE RISKS AND CONDITIONS OUTLINED ABOVE:

Patient Name (Please print legibly) Date

Patient Signature Date

Practitioner Name and Signature Date