



Client Information and Medical History

Name_____DOB_____

Address_____

Day/Cell Phone_____ Email_____

Allergies/Sensitivities_____ Lidiocaine

Please Circle all medications/supplements that you are **currently** taking:
Accutane , Retin-A, Hydroquinone , Blood thinners, Thyroid, Aspirin, Fish
Oil, Immunosuppressant, Chemotherapy

Please list any other medications taking not listed above:_____

Please circle all that **currently** apply:
Cancer, Diabetes, Bleeding disorder, Pregnant/breastfeeding, Hepatitis, HIV,
recent cosmetic face enhancement (Botox, fillers, Dysport). History of
shingles on face, Alopecia, Keloid Scarring, heart conditions, Pacemaker
Implant.



Consent for Scalp Micro-Pigmentation

I _____ am over the age of 18 not under influence of drug or alcohol, and choose to receive the indicated Scalp Micro-Pigmentation procedure. The general nature of cosmetic pigmentation, as well as the specific procedure to be performed, has been explained to me.

I have been informed of the nature, risks and possible complications and consequences of permanent skin pigmentation.

I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, keloid, inconsistent color, and spreading, fanning or fading of pigments. Secondary infection in the area of the procedure may occur, however if properly cared for, is rare.

I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure, and I agree to accept the risk that such reaction is possible.

I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin.

I acknowledge and understand that if I have oily/severely oily skin the pigment could heal/appear much softer and can look more solid and powdery due the overproduction of oil glands. The pigment will fade quicker look blurred or more solid over time.

I fully understand this is a pigmentation process and, therefore, not an exact science but an art.

I request the permanent skin pigmentation procedure and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure.

I hereby consent to the above Scalp Micro-Pigmentation Procedure. In consideration of doing so, I hereby and forever discharge, TimelessBeautyAZ, LLC, it's officers and employees of all claims, demands, damages, actions and cause of action arising out of the performance of the said treatment procedure, which I or my heirs, executors, administrators, or assigns can, shall, or may have.

TimelessBeauty

Being of sound mind and body,

I HEREBY RELEASE ANY AND ALL PERSONS REPRESENTING
TimelessBeautyAZ, LLC, FROM ALL RESPONSIBILITY

. I accept all responsibility for any consequences that might stem
from my decision to have any tattoo related work performed by
TimelessBeautyAZ, LLC

I agree that these waivers also pertain to and are designed to protect all
establishments where TimelessBeautyAZ, LLC, conducts business. I
accept the color, design and payment terms in and related to this Agreement.

I acknowledge I have received and understand the Pre-Treatment and
Aftercare Guidelines from TimelessBeautyAZ, LLC

in relation to said Scalp Micro-pigmentation Procedure. I agree to abide by
these guidelines in entirety. I understand that in not doing so will directly
affect the results of this procedure, which could include additional
sessions necessary to achieve expected results, which are not covered in the
cost of the current treatment plan.

I understand that the taking of before and after photographs of the said
procedure is a condition of such procedure. I hereby irrevocably authorize
TimelessBeautyAZ, LLC/Martha Abruzzese to use my photographs in
printed in publications, multimedia presentations, social media, on websites
or in any other distribution media. I agree that I will make no monetary or
other claim against TimelessBeautyAZ, LLC or Martha Abruzzese for the
use of these photos. I have had the procedure explained to me, and I
understand this consent and procedure permit. I

accept full responsibility for the decision to have this cosmetic procedure
performed. Absolutely No refunds after services have been performed.

Client Signature

Date _____

Procedure performed by

_____ Date _____

Timeless Beauty

PRE-TREATMENT

Shave your head 2 days prior to treatment

Moisturize your scalp several times a day prior to treatment. This ensures your scalp is in the best possible condition and prevents any dry skin from interfering with your results

Consider your frontal hairline. Refer to old photographs, draw lines on your head, look through magazines.

Please arrive at your first appointment with a general idea of what you want i.e. normal, straight, round, etc.

Be prepared to RELAX for 2-4 hours

AFTERCARE (after each session)

Very Important aftercare guidelines! You must understand each impression is a tiny scab that also contains medical-grade pigment

. If you pick the scab, the pigment will release as well! NO PICKING!

On Day 1 -4

No strenuous activity! No sweating! Keep exercise and workouts to a minimum

Do NOT wash, rinse, or scrub your head for a minimum of 4 days after each session

Expect to have redness for 2-3 days after each treatment (depending on your skin sensitivity)

You may wear a hat beginning the day after your treatment

On Day 4-7

Wash your head with

Water Only (No hot water pressure on head,

No Shampoo, No Soap)

Adjust shower head to a trickle

Gently pat dry

You may moisturize your head

You may perform activities which you

Lightly sweat such as lifting weights at a low pace, but avoid cardio

Timeless Beauty

Day 7

You may resume your usual showering and workout schedule

You may begin shaving your scalp UNLESS there are still healing scabs on the skin. Pay CLOSE

ATTENTION! An electric foil shaver is recommended as it is less likely to disturb your pigments.

LONG TERM GUIDELINES

Take sensible precautions in the sun and tanning beds. Apply sunscreen with a minimum 30 SPF often.

Avoid topical products that contain high concentrations of alcohol, such as minoxidil.

Use an exfoliating cleanser weekly to remove dead skin cells and keep your head looking crisp.

Moisturize every day. Keeping your scalp in good condition benefits the appearance as well as pigments.

Client Signature _____

Date _____