

Timeless Beauty

Client Information and Medical History

Name _____ DOB _____

Address _____

Day/Cell Phone _____ Email _____

Allergies/Sensitivities _____ Lidocaine

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.

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Consent for Pigment Tattoo Lightening

I _____ am over the age of 18 not under influence of drug or alcohol, and choose to receive the indicated Pigment Tattoo Lightening procedure using LI_FT.

The nature and method of the proposed pigment (tattoo) lightening procedure has been explained to me including risks or possibility of complications during or following its performance I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, topical preparations, or processes used in the procedure, and I agree to accept the risk that such reaction is possible.

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, this is rare.

I understand that several treatments may be needed in order to attempt to achieve my desired results however I have not received any guarantees to the quality of the outcome of the process.

I understand there are medical options available for pigment removal. I have decided to decline those methods.

I understand that the unwanted pigment may not be successfully lightened to the point that it can no longer be seen, and that scarring as hyper-pigmentation or hypo-pigmentation, or other damage to the skin, which may be permanent, may occur during the process. I will not hold my technician and/or the distributor of tattoo removal products used in this attempted tattoo lightening or removal, liable for any damages that may occur to my person.

Which of the following best describes your skin type? (Please circle one type number) using the Fitzpatrick Skin Phototype

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- I. Always burns, never tans
- II. Always burns, sometimes tans
- III Sometimes burns, always tans
- IV. Rarely burns, always tans
- V. Brown, moderately pigmented skin
- VI. Black skin

For skin types V and VI only
and saline removal only:

I understand that I am at a higher risk for hyper-pigmentation and hypopigmentation than other skin types.

I agree to the risk involved.

I understand that lightening tattoo pigment is difficult, if even possible. As a result I will not hold Martha Abruzzese or TimelessBeautyAZ, LLC responsible for any resultant failure to lighten the unwanted pigment.

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 agree to follow all aftercare instructions.

I have been duly informed of the nature, risks, possible complications and consequences as listed above.

I understand all information listed above, have had my questions answered, and agree to all conditions and provisions of this document as evidenced by my signature below. I accept the risks for having this procedure done.. Absolutely No refunds after services have been performed.

Client Signature

Date _____

Procedure performed by

_____ Date _____

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After Care

Dry healing has resulted in optimum results, avoid high-risk areas and apply an occlusive wound dressing for several days is required to prevent bacterial invasion of the wound. Some high-risk areas would include but are not limited to:

- Exercise Gyms
- Schools
- Hospitals
- Home care facilities
- High public traffic areas such as hotels, airports, grocery stores, etc.

Avoid contact with the procedural area directly with hands that have not been thoroughly washed.

For several hours, and in some instances longer, the wound may weep lymph blood and fluid. These fluids can be blotted off by applying pressure (no rubbing) with a slightly moist paper towel

The procedural area should be cleansed with a product such as Cetaphil or Cerave; gentle products without fragrance, acidic ingredients, etc.

Avoid topical cosmetic products that will diffuse or hide the appearance of the wound over the procedural area.

Cosmetics may contain ingredients that are contraindicative to healing wounds, may contain bacteria, and also require removal which entails contact with the crusts of the tattoo lightened area.

Keep the tattoo lightened area dry when bathing or showering. Avoid pools for several weeks until wound is completely healed. This is more difficult for body art tattoos. While showering, people who have had cosmetic tattoos lightened may turn their back to the shower spray and gently blot off any moisture with a paper towel.

Under no circumstances should the crusts that develop over the wound be removed. The crusts will become less noticeable with the natural exfoliation of the dead skin cells that are naturally replaced by the body during the healing process.

If any sign of infection is seen, they should consult their physician

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Client Signature

Date _____