**INFORMED CONSENT FORM FOR APPLICATION OF PERMANENT COSMETICS TATTOO/ PERMANENT MAKEUP PROCEDURE(s) and CONSENT**

Given to Om Spa LLC, 5910 A. West Lawrence Ave, Chicago, IL 60630

**Printed Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1). I am over the age of 18 years old, I am not under influence of any drugs, alcohol or any other substances altering my ability to make consciousness decision and I am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure *(procedure/s type) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(client initials)**

2). I agree, that it is my responsibility to bring a translator to the OM SPA, LLC facility if I am not fluent in English/or Polish speaking, writing and understanding, but still want OM SPA LLC’s technician to perform permanent cosmetic procedure(s) for me………………**(client initials).**

3). I have been informed of the nature, risks, and possible complications and consequences of application of cosmetic tattoo. I accepted that risk and I understand there might be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include, but are not limited to temporary or permanent: bleeding, bruising, redness, dry patches, tenderness, developing skin discolorations, swelling, headache, dizziness, light sensitivity, pigment migration/spread, a delay allergic reaction, infection, scarring, inconsistent color outcome, different pigment outcome after healing than initially selected, pigment spread-pigment migration, fanning or fading of pigments. I understand that with time, pigment can and will fade and change color according to my metabolism, skin type, and age and life style (for instances: sun/bed tanning, chlorine, exposure to the sun, smoking, medications, metabolism, Retin-A, any acids and any other lightening and peeling agents present in daily used skin care). Beside all above, other risk is:

-with eyeliners tattoo: blurry vision, temporary or permanent eyelash loss, chemical /or physical eye’s corneal abrasion, permanent eye injury, vision loss, blindness, light sensitivity.

-with lips tattoo: fewer blisters and post blister breakouts and scarring may occur, lips dryness.

-scar/or skin camouflaging or/dry tattoo: keloids can form or more scarring can occur, a permanent skin discoloration and /or unwanted pigment residue presence as a results of scar camouflage tattoo. ………………**(client initials).**

4). In a case of any complications or unsatisfactory results as the consequences of the cosmetic tattoo application, I understand and agree, that I might/must seek for professional medical advice/ help on my own behalf and cost.…………….. (**Client Initials)**

5). **I DECLINE** receiving a color patch test sensitivity Yes/NO …………………… **Client initial)**

6). If I request a color sensitivity patch test (this is about implanting small amount of pigment behind ear), I agree that the test must be performed a week before initial procedure with additional cost**. This test is not an equivalent to an allergy test performed by a doctor.** In a case I want an allergy test to be done, I will contact my physician to perform it, on my own expenses. A nonreactive skin test does not preclude an allergic reaction occurring at a future point in time nor do not guarantee color/pigment outcome after healed results. ……………………….**(client initial)**

7)**. I have seen and 100% approved design:** color –pigment selection, shape and position, density and had chance to discuss all minor and major changes/ adjustments of my design BEFORE and AFTER every cosmetic tattoo application procedure and through all my further visits at OM SPA, LLC. By signing this statement, I agree to my pre- designed permanent cosmetic and I wish to proceed further…………….… **(client initials)**

8). **I accept and agree, that due to the fact that my/client approval is obtained prior to permanent cosmetic design to be applied and fact, that everybody reacts differently to tattooing, and it is impossible to predict body reaction, OM SPA, LLC and their technicians, subcontractors, affiliates, employs state NO GUARANTEES and NO REFUND POLICY!** ….……….. **(client initials)**

9). I acknowledge and agree, that any OM SPA LLC’s body artist can refuse to perform cosmetics tattoo service to me at any time and for any reason…………………. **(client Initials)**

10) . I understand the actual color of the pigment may be modified **slightly** (means warm up or cool down, darkening or lightening), due to the tone and color of my skin. I fully understand this is a tattoo process; therefore, not an exact science, but an art, there is no such perfect symmetry possible to achieve nor certain color outcome can be guarantee.………………. **(client initials)**

11). I understand, that on light skin color/undertone chosen pigment- color might appear darker, and on dark skin undertones might appear lighter…………………… **(Client Initials)**

 12). I understand the actual color of the pigment after a cosmetic tattoo procedure will be a shade or two darker; In up to fourteen days it supposed to appear lighter, it is expected to lose some amount of initially implanted pigment, due to skin shedding and healing process. In a case, that my body doesn’t want to retain pigment well, all other procedures might be performed with additional cost………………. **(client initials)**

13). I acknowledge, that due to certain medical conditions, for instance: iron deficiency, acutance treatment, developing psoriasis or many others, my body might and probably won’t hold the pigment well, which results excessive fading and pigment color loss……………………………. **(client initials)**

14). Cosmetic tattoo is a multisession process. In addition to initial application I agree to come back for one post–evaluation appointment for best results (in majority cases two appointments are required to consider procedure to be completed). At the post evaluation appointment, it will be determining, if another touch up visit is required. Second mastering session should be completed not sooner than 4 weeks and no later than 8 weeks since initial visit. Work done in more than 8 weeks, since initial visit is considered as a new procedure, if not agreed differently and I agree to pay additional fee for that. I agree to pay additional fee if I decide to come back later.……………… **(client initials).**

15). The fee for permanent cosmetics services has been explained to me and has been agreed upon. I understand the total fee for services rendered is due upon completion of the initial procedure(s) and that will be separates fees for any future modification of the design(s) or color adjustment(s**).** The fee for this permanent cosmetic tattoo is $..................................................... . A follow up/touch up visit fee is …………………………………………….…… …………………… **(client initials)**

16). I understand that taking photographs before and after is required and I authorize Om SPA, LLC and my permanent cosmetics technician and or his/her associate(s) to obtain pre-procedural, post procedural movie and /pictures for my record. ………………. **(client initials)**

17). I give Om SPA LLC, his affiliates permission to freely use such photographs and movies in full /or partially for any kind of publication, teaching and or marketing purposes Yes/NO ………………. **(client initials)**

18). In the event of CAT or MRI (Magnetic Resonance Therapy) I understand that tattoo may cause a warming, burning and or /tingling sensation in the permanent cosmetic procedural area during MRI due to Iron Oxide (metallic salts) properties of some pigments. I should advise my physician that I have permanent cosmetics (a tattoo) in the event an MRI or CAT procedure is prescribed. **………………. (client initials)**

18). I understand that if I have any skin treatments, laser hair removal, hair transplantation, implants and/ or plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent skin/scalp cosmetics and degrade my permanent cosmetics. I further understand that such changes are not the fault of the OM SPA, LLC, his practitioners/technicians and any of his associates. I acknowledge some of these potential adverse changes may not be correctable trough further permanent cosmetics tattoo/micro pigmentation. **………………. (client initials)**

19). I have received and reviewed pre and post procedure instructions and I agree strictly to adhere to such instruction. Failing to follow after care will jeopardize best results and might cause a complication. .……………… **(client initials)**

20). It is in my responsibility to honestly inform my technician about my current health conditions, medications or any medical treatment and/or any changes before procedure. If I am on any medications for depression or any other medications, or have pre- existing medical condition, I will advise my technician BEFORE every procedure. If I ever had a doubt about treatment’s safety, I will consult my doctor for obtaining written waiver before contemplating any permanent cosmetic procedure. In a case of having cold sore breakouts, I will obtain for prescription and will take medications at least three days before and two days after or as directed by physician before tattooing my lips ……………. **(client initials)**

21). All colors will fade-this is a fact that also applies to pigments/inks used for permanent cosmetic tattooing. After your procedure(s) has been performed and any subsequent work performed and at the post-procedure appointment, the pristine appearance of your permanent cosmetics is very depend on daily maintenance of avoiding direct sun light (intentional tanning), avoiding strong chemicals applied to the procedural area, and applying sun block daily (frequently if in a situation where activities take you in the sun). Color refreshers will be needed at some point in the future. The time frame for that need cannot be predicted, as this aspect of permanent cosmetics is very client specific. If the procedural area is dense enough (can be easily seen) that one application of pigment/ink will bring the color back to its original appearance, a color refresher fee will be charged that represents a lower charge than the fee charged for new work, with exception of after other technician work (price might be increased due to difficulty of needed color refreshing/ correctional work). If the procedural area is extremely light and only represents a weak version of the original work, usually less than 60% remaining pigment in the skin, or if is not visible, a procedure fee for new work in effect at the appointment when the color is reinstated will be charge………………… **(client initials)**

22). **For all** color and or shape **corrective work on existing permanent cosmetics tattoos, especially if previously done by other technician (s)**, I acknowledge that there is other non- permanent cosmetics tattoo options for correcting and / or removing, lightening unwanted permanent cosmetics tattoo pigment and / or shape like: laser removal or plastic surgeries. All color and shape corrective work done over existing cosmetics tattoo might be only temporary due to fact that pigments fade. Positive results of such work/ correction might won’t last longer than a year and will require coming back for touch ups-color refreshing. Any type of correctional work/adjustment involves very high risk of trigging allergy reaction over old pigment (especially when procedure was done by other technician and by unknown pigments brands), scarring, pigment migration, temporary or permanent skin discoloration, dissatisfaction due to new color /and shape outcome. That might cause client developing permanent depression, variety of emotional, mental and physical problems, permanent change/damage to the appearance and other. All mentioned factors in most cases might be un- reversible. Client agrees that if things like that occur, client will keep OM SPA LLC, Katarzyna Tansey, all workers, employees, subcontracted technicians and affiliates harm free. Client accept in 100% her/his reasonability to fix, repair anything on client’s own cost…………… **(client initials)**

 23). I acknowledge all possible known and unknown complication and I am voluntarily choosing permanent cosmetic’s color and /or shape correction approach. I acknowledge that the procedure(s) will result in a permanent change to my appearance and that neither representation nor guarantees have been made to me as to the ability to late change or remove the results………… **(client initials)**

24). I have received, understand and agree to strictly adhere to all after pre care/preparation before and after care instructions. I recognize the absolute necessity for following these instructions. I acknowledge, that not adhering to this instruction will jeopardize quality of pigment retention of my tattoo and will risk in a complication.……………… **(client Initials)**

25). I agree to accompany my practitioner to an emergency room in the event that they were to be accidently stuck with the needle while performing a procedure for me and I take blood test for checking AIDS or Hepatitis, and disclosed all test results to the OM SPA, LLC and its technician\_\_\_\_\_\_\_\_\_\_. **(client initials)**

26). By signing below, I agree to the procedures discussed. I certify I have read and initialed the above paragraphs and have full explanations to my understanding and consent to this procedure(s). There is no a 100% guarantee over results and that ink will hold into my skin. I accept in 100% / full responsibility for the decision to have this cosmetic tattoo work done and understand that there is no money refund **\_\_\_\_\_\_\_\_\_\_\_ (Client Initials)**

27) I acknowledge that I have read, understand, and agree to Om Spa Policy**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client Initials)**

28) I, **(printed full name of client)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**herby give my consent for OM SPA, LLC to use and disclose protected health information and private information about me, to carry out : beauty treatments, wellness care and recommendations for them, for payments and insurance items as well, as for OM SPA exclusively marketing-promotional purposes. With this consent, OM SPA LLC may contact me trough, for instance but not limited to: email letters, mailing letters, text messages, or by phone/cellphone calls, to my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the Practice in carrying out, such as appointment reminders, insurance items, payments, and pertaining to my treatments, wellness care treatment as well as for Om SPA marketing-promotional purposes. The Notice of Privacy Practices and OM SPA LLC Policy Terms provided by OM SPA, LLC at [www.omspachicago.com/policy](http://www.omspachicago.com/policy)

29). I have a right to request that OM SPA LLC restrict how it uses or discloses my PIH and PI to carry out for all aspects of their business operation with me including marketing-promotional purposes. The Practice is not required to agree to my request restrictions about privacy. If I do not sign this consent, OM SPA LLC my decline to provide treatments to me.

30) It’s been explaining to me that deposit for the procedure is non-refundable, client may want to stop the procedure during the service for any type of reason however OM SPA reserves the right to keep the full amount of price for the service \_\_\_\_\_\_\_\_\_\_\_\_ (client initials)

31) I acknowledge that everything was explained to me, the procedure, the after care and the risks involved. I release, acquits, covenants not to sue and therefore discharges (name of your company), nor providers, estheticians, employees, independent contractors, associates, owners from all Client hereby releases, acquits, covenants not to sue and therefore discharges of and from any and all actions, and knowingly, voluntarily, and expressly waives any claim Client may have against the Released Parties for any injuries or damages (known or unknown), property damage or loss of any kind, including death, whether such injury, damage, loss, or death was caused by the alleged negligence of Provider, another client, or any other person or cause, which Client may sustain as a result of receiving the service. \_\_\_\_\_\_\_\_\_\_ (client initial)

32) I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur. I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup. \_\_\_\_\_\_\_\_ (client initial)

33) I accept the responsibility for explain to you my desire for specific colors shape, and position for any procedure done today. I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch up session. \_\_\_\_\_\_\_\_\_\_ (client initial)

34) I acknowledge that the proposed procedure(s) involved risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infections, misplaced pigment, poor color retention and hyperpigmentation. \_\_\_\_\_(client initial)

**Terms & Conditions:**

Cancellation and Rescheduling Policy:

To avoid fees/charges please call 48 business hours (2 business days prior your appointment)

There is a full amount charge of the appointment for : No show up or late cancellations, also if you booked a complementary consultation and there is a no show up there will be a $75 charge fee. Client gives consent to OM SPA LLC to charge automatically to the credit card that client has provided on file if terms and conditions haven’t met successfully. \_\_\_\_\_\_\_\_\_\_\_\_\_ (initial

**CLIENT PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Technician name:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***AFTER CARE***

*Please make sure to read carefully and sign your initials*

*After care is very important for producing a beautiful and lasting result.*

1. *Keep the area clean by washing with freshly washed hands and a gently soap. Do not use a washcloth or sponge to remove soap. Simply* ***splash*** *with water. Do not use cleansing creams, acne cleansers or astringents. Use a mild, natural soap. \_\_\_\_\_\_\_ (client initial)*
2. *Apply the aftercare balm with freshly washed hands or a Q-tip Use the balm very sparingly. Too little is better than too much. Blot off excess with a clean tissue. Never touch the procedure area without washing your hands immediately before. \_\_\_\_\_ (client initial)*
3. ***Do not scrub, rub or pick*** *at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out. \_\_\_\_\_ (client initial)*
4. ***Do not use any makeup near the procedure area*** *including mascara for eyeliner procedures for at* ***least 3 days****. \_\_\_\_(client initial)*
5. *Always use a sun block after the procedure area is healed to protect from sun fading\_\_\_\_\_\_(client initial)*

**What’s Normal?**

1. Swelling, itching, scabbing, light bruising and dry tightness. Ice packs are a nice relief for swelling and bruising. Aftercare calm is nice for scabbing and tightness.
2. Too dark and slightly uneven appearance. After 2-7 days the darkness will fade and once swelling dissipates unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks, then we will adjust during the touch up appointment.
3. Color change or color loss. As the procedure area heals the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment and is why the touch up necessary. The procedure area must be completely healed before we can address any concerns. This takes at least four weeks.

*I have read the aftercare, understand and agree to the above instructions.*

*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*