

# ***Informed Consent and Release Agreement***

## ***Plasma Fibroblast / Microneedling Microblade/permanent makeup***

I, \_\_\_\_\_, acknowledge that I have been given all the necessary information about the Plasma Fibroblast / Microneedling / mesotherapy procedure including expected results, inherent risk and after care to make an informed decision on whether or not to undergo a this procedure.

\_\_\_\_\_ I certify that I am over the age of 18 and in a position to make an informed decision.

\_\_\_\_\_ I understand there may be a certain amount of discomfort of pain associated with the procedure.

\_\_\_\_\_ I understand that possible side effects include temporary bleeding, bruising, swelling, redness

\_\_\_\_\_ Although Plasma Fibroblast / Microneedling / tags is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure procedure is the process of causing tiny injuries into the dermis

\_\_\_\_\_ I Understand Microblade/permanent make up Requires .artist r not to be blame if Ur brows r patchy or fade soon after the heal period.touch up are require twice a years after the 2 touch-ups from initial procedure shouldn't ask a touch-up before 4 weeks period ends because the pigment color not has settled and under layer not heal.touch up is petty important .this also give u chance to modify .charge may apply upon the artist.brows disapear on daily base of water,skin oil,too much sun,poorly care.Artist use new disposable blades in each clients.

\_\_\_\_\_ fibroblast technology is a non-invasive advanced skin tightening enhancement procedure. It is a great alternative to invasive treatment and requires less down time.All instruments that enter the skin or come in contact with body fluids are single use, individually packaged, sterile, disposable, and are properly disposed of after use. Cross contamination guidelines are strictly adhered to. I certify that my technician used sterile, single use, individually wrapped cartridge that were opened in front of me. \_\_\_\_\_ Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a series of treatments. Your technician will recommend a treatment plan specifically for you. \_\_\_\_\_ I have received pre and post procedure instructions and I will follow those directions.

\_\_\_\_\_ I understand that failure to follow these instructions could jeopardize my results. \_\_\_\_\_ I understand that face altering cosmetic surgery procedures such as laser hair removal, Botox, fillers, implants, collagen and other face procedures may alter the results of my Plasma Fibroblast / Microneedling / Microblade /permanent make up treatment. I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must NOT be used on treated areas for a minimum of 6 weeks. \_\_\_\_\_ I understand that tanning beds, pools, some skin care products and medications can affect my results.

\_\_\_\_\_ I understand that if there is a medical condition that I may have that I am unsure about, I will take responsibility for consulting with my physician and obtaining a doctor's note prior to undergoing this procedure.

\_\_\_\_\_ I Understand The client consent form is include all necessary informatios components. Found the consent form was missing the following information:

\_\_\_\_\_

- A description of the procedure.

\_\_\_\_\_

- A description of what the client should expect following the procedure, including suggested care and any medical

\_\_\_\_\_ complications that may occur as a result of the procedure.

- A statement regarding the permanent nature of body art.

- Notice that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and

\_\_\_\_\_ that the health consequences of using these products are unknown.

# ***Informed Consent and Release Agreement Plasma Fibroblast / Microneedling / Microblade /permanent make up***

\_\_\_\_\_ I understand that the process of Plasma Fibroblast / Microneedling / Microblade is not always a 1 step process and may require multiple treatments over multiple subsequent visits to achieve and maintain the desired results.

\_\_\_\_\_ I understand that skin conditions can change over time due to circumstances beyond your control (metabolism, skin type, medicine, age, smoking, alcohol, sun exposure, Glycolic acids or Retin-A, and/or other factors).

\_\_\_\_\_ I acknowledge that the proposed procedures(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as: infection, hyper-pigmentation and hypo-pigmentation to name a few.

\_\_\_\_\_ I have been quoted the cost of today's appointment, and the cost of the following sessions. Client must allow 6-10 weeks between treatments to ensure skin has had enough time to heal.

\_\_\_\_\_ This agreement will remain in effect for this procedure and all future procedures conducted by this Technician. If there has been a change in my health the client must advise the technician, and refill consent form.

\_\_\_\_\_ I certify that I have received home care instructions with instructions on proper home care.

\_\_\_\_\_ I read and fully understand English fluently and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize  Sandra Centeno as my technician to perform on my body the Plasma Fibroblast / Microneedling / Mesotherapy procedure desired today.

Client Full Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Recommended Procedure and number of treatments: \_\_\_\_\_

Client ID Type and # (Driver's License or other Government ID): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Technician Printed Name: Sandra Centeno Date: \_\_\_\_\_ Signature: Sandra Centeno