



7575 Dr. Phillips Blvd. #155 Orlando, FL, 32819
407-574-8383

Tattoo Removal/Lightening Medical and Consent

Appointment Date: _____

The following confidential medical information will be property of About Face and Body. This is required for the benefit and safety of the client in obtaining any and all procedures performed by About Face and Body. Please read and fill out the information carefully. We hope your experience will be a pleasant one and we thank you for your cooperation.

Name: _____ DOB: _____ Age: _____

Email: _____

Address: _____

Phone: _____ Cell / Landline Alt Phone: _____ Cell / Landline

Cell phone provider _____ (So that you can receive reminder text about your appointments).

Emergency Contact Name: _____ Phone: _____

How did you hear about us? _____

Would you like to be informed of any specials, discounts or events in the future? Yes / No

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? Yes/ No

IF YES WHY? _____

PHYSICIAN NAME: _____

Phone Number _____

Are you interested in any lash growth Products? Yes/No

Are you interested in any Anti Aging products or Procedures? Yes/No

Do you have a daily skin-cleansing regimen? Yes/No

Please Answer The Following Questions to Avoid Complications :

- YES/NO **ARE YOU PREGNANT, NURSING, OR LACTATING?**
- YES/NO I am over the age of 18 and in sound mind, body, and health.
- YES/NO DO YOU USE ASPRIN FOR BLOOD THINNING?
- YES/NO DO YOU TAKE ASPRIN DAILY?
- YES/NO **ARE YOU REQUIRED TO TAKE ANTIBIOTICS PRIOR TO DENTAL OR MEDICAL PROCEDURES?**
- YES/NO HAVE YOU TAKEN ANY FORM OF MOOD ALTERING MEDICATION IN THE LAST 12 Hrs.?
- YES/NO Do you have any mental impairment that may affect your judgement?
- YES/NO **HAVE YOU EVER HAD A COLD SORES, FEVER BLISTER, OR PRIOR HISTORY OF HERPES?**
- YES/NO ARE YOU ALLERGIC OR HAVE ANY SENSITIVITY TO LATEX?
- YES/NO Have you had a chemical peels recently?
- YES/NO How often do you exfoliate your skin and what do you use? _____
- YES/NO Have you had any injectable fillers such as Botox, Restylane, Juvederm etc.? If yes when _____
- YES/NO Do you have any Permanent makeup or tattoos?
- YES/NO Have you had any complications with previous tattoos or Permanent Makeup before?
- YES/NO Are you currently undergoing radiation or chemo therapy?
- YES/NO Are you anemic?
- YES/NO Do you bruise easily?
- YES/NO Do you heal slowly or have complications with healing?
- YES/NO Do you have any allergies to metal?
- YES/NO Do you have any allergies to products containing "Caine?" ie., Lidocaine etc.
- YES/NO Do You have a history of skin diseases? If YES, Please Explain _____

LIST ALL MEDICATIONS BOTH PRESCRIPTION AND OVER THE COUNTER THAT YOU ARE CURRENTLY TAKING

Please list any Anti Inflammatory, Steroids, or Immunosuppressive Medications you currently take?

Please list any allergies to Petroleum based products, topical antibiotic polysporin, Bacitracin, Neosporin?

Medical release continue:

PLEASE CIRCLE IF YOU HAVE A HISTORY OF ANY OF THE FOLLOWING CONDITIONS:

- Accutane treatments? How long have you been off the medications? _____
- Aids or HIV
- Allergies to makeup
- Angina or chest pains
- Asthma
- Auto immune disorders. What type? _____
- Cancer - What type? _____ How long ago? _____
- Diabetes
- Dry Eyes - Do you use perscriptions? YES / NO Name of perscription _____
- Glacoma? Have you gotten clearance from your Dr.? _____ (eyeliner procedure only)
- Heart condifion
- Hemophilia or excessive bleeding
- Hepatitis
- Hyper-pigmentation
- Keloid or hypertrophic scars
- Kidney disease
- Ocular herpes
- Rheumatoid arthritis
- Stroke

OTHER? _____

Signature

About Face And Body Technician

Print Name

I, currently have an unwanted tattoo. This pigment is located on _____ (area of my body). This area was last tattooed on (date) _____ by _____ (name of Technician/Facility). This procedure was tattooed _____ times.

This pigment is unwanted because (indicate: shape, color or location). _____

I would like my technician to attempt to: (a) remove the tattoo if possible; or (b) partially remove the tattoo or (c) lighten the tattoo. (Select One)

I understand that several treatments WILL be needed in order to attempt to achieve my desired results. I have not been given any guarantees as to how much pigment will actually be removed from the skin.

I understand that the unwanted pigment may not be successfully removed, and (in a rare case) that permanent scarring can result in an attempt to remove the pigment, as well as possible hyper-pigmentation, hypopigmentation, or other damage to the skin, which may be permanent.

I understand there are other options and methods available for pigment removal/lightning. I have decided to move forward with the Saline removal/lightning.

I will not hold About Face and Body or it's practitioners responsible for any resultant failure to remove, partially, totally or to lighten.

I will not hold About Face and Body or it's Practitioners and/or the distributor of tattoo removal products used in this attempted tattoo removal, liable for any damages that may occur to my skin.

I agree to take "before" and "after" photographs and to conform to all rules and regulations established by About Face and Body and it's Practitioners, to ensure a successful removal/lightening of the unwanted pigment/tattoo.

I agree to follow **all** aftercare instructions.

I have been informed of the nature, risks, possible complications and consequences as listed above. I further understand that About Face and Body and it's Practitioners are not a medical doctor and this procedure is an art and not an exact science and have neither asked for nor received any guarantees or promises as to the results obtained.

I (print name) _____, acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about saline removal/lightening procedure(s), it's process, and the risk involved from About Face and Body and it's Practitioners. The decision to have saline removal/lightening procedure(s) performed is my own and I understand and accept all risk involved, therefore releasing About Face and Body and it's Practitioners from any liability. About Face and Body's Practitioners are artist and highly trained, experienced and skilled artist and makes no claims to anything more. Saline removal/lightening is not a medical procedure. NO REFUNDS.....NO EXCEPTIONS.

Clients Signature

Date

I have reviewed the information with my client or clients representative

About Face and Body Technician

Date

**To be completed by About Face and Body
Please bring with you to your procedure.**

OFFICAL FORMULA RECORDS TO BE HELD BY ABOUT FACE AND BODY

Name of client: _____

Date of procedure: _____

Fee for this appointment _____ Quote for the follow – up: _____

All fees for my cosmetic procedure/s have been explained to me, including today's fees, and follow up fees. These fees are understood and agreed upon. I understand the total fee, minus the deposit taken in advance is due at the time of service. This agreement has no expiration and will be in effect with each service completed by About Face and Body.

Signature: _____ Date: _____

Type of saline product used: _____

Machine: _____ Speed: _____

Needle size: _____ Needle Manufacturer: _____

Type of topical: Pre-Numb _____ 2nd Numbing: _____

Pre-Numbing Time: _____ Duration of time for Saline: _____

Recommended follow up dates: _____ & _____

Bleeding: _____ Swelling: _____ Pain Tolerance: _____ Eye Watering: _____ Followed PPG: _____

Procedure Performed by: _____

Notes: