DŌCERĒ
MEDICAL SPA & LASER CENTER

PAITENT CONSENT
Permanent Makeup

Name: Date:

I am over the age of 18 and am not under the influence of drugs or alcohol. I am not pregnant, nursing or trying to become pregnant. I desire to receive the treatment below. The general nature of cosmetic tattoo as well as the specific procedure to be performed has been explained to be. I desire to receive the procedure indicated below Procedure:

Treatments required:

I have also been informed of the nature, risks and possible complications and consequences of permanent skin pigmentation. I understand that there are known, and unknown risks associated with permanent make up is not an exact science but rather an art and therefore can result in inconsistent color, fanning, spreading and fading or color. I understand that the actual color and tone of my skin may modify the color of the pigment. I understand and consent to all the above.

INITAL _____

I understand that if I choose to have skin treatments, peels, laser hair removal, plastic surgery, Toxins or fillers, it may have an adverse effect on my permanent cosmetic procedure and that those changes may not be correctable. I have received pre and post instructions and promise to strictly adhere to all the instructions for my best possible outcome. I understand that if I do not follow the instructions given to me it may jeopardize my chances at a successful procedure and that I may experience complications. if have history of cold sores I will consult with
a physician before having a procedure performed on my lips.

INITAL _____

before and after photographs are a requirement for this procedure and are sole property of Docere Medical Spa. These photos may be used for advertising and or teaching purposes and I understand and consent to all the above.

INITAL _____

A follow up session is included in your fee. it is your responsibility to schedule this visit within 6 weeks of your initial procedure. if you do not schedule a follow up session you will forfeit your complimentary visit and additional fees may be charged. in understand that once the procedure has been completed there are no refunds (as well as deposits).

INITAL _____

I consent this procedure Signature _____

Technician Signature _____