

HEALTH QUESTIONNAIRE

CONSENT FOR PERMANENT MAKEUP/TATTOO REMOVAL TREATMENT

In order to perform the tattoo removal procedure in a safe manner, please answer the following health questions truthfully.

Do you suffer from the following diseases or are you taking any of these medications?

Hemophilia YES / NO

Diabetes mellitus (diabetes) YES / NO

Hepatitis A, B, C, D, E YES / NO

HIV + YES / NO

Skin diseases YES / NO

Eczema YES / NO

Allergies (for what if yes) YES / NO

Autoimmune diseases YES / NO

Are you prone to herpes? YES / NO

Infectious diseases / high fever YES / NO

Epilepsy YES / NO

Cardiovascular problems YES / NO

Are you taking medication for blood thinning? (which if yes) YES / NO

Are you pregnant or nursing? YES / NO

Are you taking any medications on daily basis? (which if yes) YES / NO

Do you have a pacemaker? YES / NO

Do you have problems with healing of wounds? YES / NO

Have you consumed drugs or alcohol in the last 24 hours? YES / NO

Did you undergo any surgery in the last 14 days? YES / NO

Were you exposed to radiation or had any other medical interventions? YES / NO

Consent Between:

1. Client (Full name, address, phone number, birth date)

Name: _____

Address : _____

Phone: _____ Birth Date: _____

Age: _____ Sex: M / F

2. Pigment Removal Technician (Full name, address, phone number)

Name: _____

Address: _____

Phone: _____

COMPANY is obligated to perform procedures in strict compliance with all hygiene and health protection measures. This information is confidential and it shall also be handled in that way.

COMPANY assumes no liability in case of giving false information.

CONTRACTUAL OBLIGATIONS

I agree on photo taking and using the photos for advertising and training purposes. YES / NO

I am aware that the result may deteriorate if I will not follow the instructions of care. _____ (initial)

I am aware and I will make sure that at least 6 weeks will pass until the following removal procedure. _____ (initial)

I am aware that the procedure needs to be repeated a few times until the desired result is achieved. Besides, I am aware that there is no guarantee that the final result will be great. I understand that sometimes it may be very difficult or even impossible to remove pigment. _____ (initial)

I am aware that it may be impossible to fully remove my tattoo/pigmentation and its remains may still remain on my skin. _____ (initial)

I am aware that the procedure may cause an unwanted skin reaction. _____ (initial)

I understand that due to previous tattoo/permanent makeup there is a minimal risk of scarring, hyperpigmentation or hypopigmentation. If such a reaction shall occur, I will be the only responsible for it and no claims shall be submitted against the person who carried out the procedure or against the owner of the institution. _____ (initial)

I am aware that the procedure may be unpleasant and painful. Sometimes, after the procedure side effects, such as swelling, burning, scabs or redness may occur. Such symptoms are usually temporary and cease to exist within a period of a few days. _____ (initial)

I was informed in detail about contraindications and I confirm that there are no circumstances/that I am not aware of any circumstances due to which the removal procedure could not be carried out on me or due to which any effects of interaction could occur. _____ (initial)

PRODUCT AND the technicians cannot be liable for it. _____ (initial)

AFTER CARE INSTRUCTIONS

In the next 4-5 weeks the client is required to pay attention to the following:

Keep treated area clean, dry and moisture. _____ (initial)

Washing routine: Wash treated area 2 times per day with neutral soap and water. Tap dry with tissue. Apply the thin layer of healing pomade. Continue for 10-14 days.

During the next 4-5 weeks do not contact with steam, do not visit sauna, public pools, avoid contact with dirt and dust, sun and beauty treatments. _____ (initial)

Do not touch the scab in any other case except while cleaning. _____ (initial)

For post-treatment care use only recommended products to protect the treated area _____ (initial)

Please do not use any other creams except the ones provided our recommended to you in order to prevent possible infections or allergic reactions. _____ (initial)

PIGMENT REMOVAL and their technicians are not liable in case of improper post-treatment care. _____ (initial)

Absolutely NO refunds after any services will be given. _____ (initial)

I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE. _____ (initial)

I confirm that I have read and understood the above mentioned information. _____ (initial)

I received a clear and understandable response to all my questions. _____ (initial)

The treatment procedure and post-treatment care was explained to me in detail and I agree with it. _____ (initial)

After Care instructions to take home were given me. _____ (initial)

Price for the first procedure, EUR:

Price for the following procedure/s (if necessary), EUR:

PIGMENT REMOVAL CLIENT

Name _____ Date: _____