

# STUDIO VII

02041092385

**PMU contract**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Area(s) to be treated: \_\_\_\_\_

Doctor's Name & Practice Name: \_\_\_\_\_

Previous Cosmetic Tattoo: \_\_\_\_\_

## Medical History:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Medication                     | <input type="checkbox"/> Skincare/Rosacea     | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Contact Lenses                 | <input type="checkbox"/> Scars treatment area | <input type="checkbox"/> Skin Diseases  |
| <input type="checkbox"/> Keloid Scarring                | <input type="checkbox"/> Appearance Med       | <input type="checkbox"/> Allergies      |
| <input type="checkbox"/> Pregnancy                      | <input type="checkbox"/> HIV, Hep             | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Post Inflammatory Pigmentation | <input type="checkbox"/> Cold Sores           | <input type="checkbox"/> Metal Implants |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Blood Thinners       |   |

Other Description of Pigments & Tools used:

\_\_\_\_\_  
\_\_\_\_\_

## Things for you to know:

This is a very intense treatment. Upon conclusion of this treatment the area treated will be very dark and very exact in colour. This will fade over the next 4-10 days. There will be swelling and trauma in the surrounding tissue. There are times that there can be bruising in the surrounding tissue and some pigment migration. Later today you can apply a cool compress if required. I recommend that you have two treatments for each area to ensure that your pigment will retain its colour and intensity over the next 1-5 years. It is essentially for you to apply aftercare treatment every few hours to the area over the next week, to ensure healing and retaining of pigment. Use cotton bud to apply supplied aftercare lotion. Do not touch the treated area with your fingers. In rare cases, the pigment will not take. We will refund 1/3 of the treatment cost for you if you have found that upon having the two recommended treatments your pigment has lifted. Please refrain from public swimming pools, saunas, spas, and sun exposure over the next week. Take care when showering not to place the full pressure of the nozzle on the area.

## CONSENT AND AGREEMENT INCLUDING A DISCLAIMER

### Consent

It is essential that the information provided by you for the purpose of this treatment is accurate and complete and that you are in possession of a copy of this sheet and have read and understood its contents. Your signature indicates that this is so and that you agree to the cost of treatment and the use of your photographs for any marketing purposes. It also indicates that you faithfully make the following statement

### Consent and Agreement

I have been advised and fully informed by STUDIO VII concerning the treatment I am undertaking and any possible adverse side effects (pigment or after care allergy, migration etc). I accept that occasionally treatment may not produce the actual effect I require and understand that occasionally human error occurs. I hereby authorise and direct Skin STUDIO VII to administer treatment as agreed. My signature below constitutes my acknowledgement that the proposed treatment process has been explained to me and I am fully informed. I hereby give my consent and authorisation and release STUDIO VII and its agents of any claims that I have, or may have in the future in connection with the described treatment. I understand that I can discontinue treatment at any stage.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

