



Miskell Medical LLC.
218 W Madison St. Ottawa, Illinois 61350
Phone: 815-431-1122 Website: www.miskellmedical.com

TATTOO CONSENT FORM

Patient Name: _____ DOB: _____ Date: _____

In consideration of receiving a tattoo from Miskell Medical LLC. Including its artist, associate, apprentices, agents, or any employee (hereinafter referred to as the "Miskell Medical LLC." I agree to the following:

_____ - I have been fully informed of the inherent risks associated with getting a tattoo. Therefore, I fully understand that these risks, known and unknown, can lead to injury including but not limited to: infection, scarring, difficulties in the detection of melanoma and allergic reactions to tattoo pigment, latex gloves and/or soap. Having been informed of the potential risks associated with getting a tattoo I wish to proceed with the tattoo procedure and application and freely accept and expressly assume and all risks that may arise from tattooing.

_____ - I WAIVE AND RELEASE to the fullest extent permitted by law any person of Miskell Medical LLC. From all liability whatsoever, including but not limited to, any and all claims of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the procedure and application of my tattoo, whether cause by the negligence or fault of either Miskell Medical LLC, or otherwise.

_____ - Miskell medical LLC has given me the full opportunity to ask any question about the procedure and application of my tattoo and all of my questions, if any, have been answered to my total satisfaction.

_____ - Miskell Medical LLC has given me instructions on the care of my tattoo while it's healing. I understand and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to my. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

_____ - I do not suffer from diabetes, epilepsy, hemophilia, heart condition(s), nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the procedure, application or healing of the tattoo. I am not the recipient of any organ or bone marrow transplant or, if I am, I have taken the prescribed preventative regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgment in getting the tattoo.

_____ - Miskell Medical LLC is not responsible for the meaning or spelling of the symbol or text that I have provide to them or chosen from the flash (design) sheets.

_____ - Variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I also understand that over time, the colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.

_____ - A tattoo is a permanent charge to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattoos.

_____ - I release the right to any photographs taken of me and the tattoo and give consent in advance to their reproduction in print or electronic form. (For assurance, if you do not initial this provision, please inform Miskell Medical LLC NOT to take any pictures of you and your completed tattoo).



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_____ - I agree that Miskell Medical LLC has a NO REFUND policy on tattoos, piercing and/or retain sales and I will not ask for a refund for ANY reason whatsoever.

_____ - I agree to reimburse Miskell Medical LLC for any attorneys' fees and costs incurred in any legal action I bring against Miskell Medical LLC and in which either the Artist of Miskell Medical LLC is the prevailing party. I agree that the courts of located in the County of LaSalle within the State of Illinois shall have jurisdiction and venue over me and shall have exclusive jurisdiction for the purposes of litigating any dispute arising out of or related to this agreement.

_____ - I acknowledge that I have been given adequate opportunity to read and understand this document that it was not presented to my at the last minute and grasp that I am signing a legal contract waiving certain rights to recover damages against Miskell Medical LLC.

_____ - I was provided pre and post-treatment instructions. I have read them in their entirety. I agree to follow all instructions or I may be charged an additional fee for the one time complementary eyebrow touch up.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age and identification) and am competent to sign this Agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Patient Signature: _____ Date: _____

Print Name: _____ Date of Birth: ____/____/____

Form of Identification: _____

Miskell Medical Staff Only:

_____ - Miskell Medical received a copy of valid form of identification and scanned into the patient's chart.

_____ - I certify that I have explained the nature, purpose, benefits, risks, complication, and alternatives of the proposed procedure to the patient. I have answered fully, and I believe that the patient fully understands what I have explained.

Providers Name: Jessica Miskell, APN

Provider or Nurse Signature; _____ Date: _____



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Lot Number: _____

Expiration Date: _____

Lot Number: _____

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Ink Color Used: _____

Post Care Instructions Reviewed?	YES	NO	
Patient Tolerance:	GOOD	FAIR	POOR
Post Ointment Applied?	YES	NO	
Pose Ointment Given?	YES	NO	
Pre and Post Pictures taken?	YES	NO	

Treatment Notes:

Provider Name: Jessica Miskell, APN

Provider Signature: _____ Date: _____

PHOTO RELEASE FORM

I, (_____) grant permission and consent to Miskell Medical LLC. for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content:

Description: Cosmetic and/or medical photos

Payment

I understand that there shall be no payment for this release.

Royalties

I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Revocation

I understand that with my authorization below the photograph(s) may never be revoked. We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

Releasor's Printed Name: _____



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Releasor's Signature: _____ Date: _____

Miskell Medical use only

Releasee's Printed Name: Jessica MiskellAPN

Releasee's Signature: _____ **Date:** _____

Pre and Post Care for Tattooing Eyebrows

Patient Name: _____ DOB: _____ Date: _____

BEFORE

- ⑩ You must be off Retin-A or Retinols 7 days prior to appointment and avoid around the area for 30 days after. If used before 30 days, it can cause the pigment to fade prematurely.
- ⑩ If you are on book thinners we require a note from your Doctor allowing you to go off of them for 3 days prior to your procedure and the note must also have Doctor's approval for the procedure (Please make sure you stop taking these 3 full days prior to your appointment).
- ⑩ Please do not take aspirin, green tea, vitamin E, or any herbs 3 days prior to your procedure. If your doctor has you on aspirin every day we will need your Doctor's approval in written form for you to stop taking the aspirin.
- ⑩ If you are under treatment for any form of cancer, you must wait until your treatment is complete. It is not recommended to get permanent makeup before you start any cancer treatment.
- ⑩ No alcohol for 24 hours prior to your procedure.

AFTER

- ⑩ Careful aftercare is very important for producing a beautiful and lasting result.
- ⑩ It's important not to get the brows wet during the healing process (7-14 days).
- ⑩ Your brows should remain dry all day and all night for 7-14 days. To help with itchiness you may use a q-tip to apply LIGHT coat of aftercare ointment once or twice a day. Be gentle, do not pull off the scabs prematurely. Following this procedure will ensure the



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formation of thin scabs thus more color retention. Keep out of the sun for 7 days. Then after 7 days wear sunscreen to aid in the longevity of your tattoo.

- ⑩ Do not scrub, rub, or pick at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out.
- ⑩ Do not use makeup on the brows for at least 7 days.
- ⑩ After the procedure is completely healed, you may go back to your regular cleansing and makeup routine. Avoid scrubbing the area. Use sun block after the procedure is healed to protect from sun fading.
- ⑩ FAILURE TO FOLLOW AFTER-CARE INSTRUCTIONS MAY RESULT IN INFECTIONS, PIGMENT LOSS OR DISCOLORATION.

CAUTIONS: If the skin around the eyebrows breaks out in a heat rash, small pimples, this is usually a reaction to the numbing solution and should go away by itself in a couple weeks. Please call immediately if this occurs so a technician can make note of the reaction and follow up to ensure this is not a more serious situation.

WARNINGS

- ⑩ DO NOT use a Retin-A or Glycolic Acids in the brow area during or after healing!
- ⑩ DO NOT scrub or pick treated areas!
- ⑩ DO NOT expose area in the sun or tanning beds!
- ⑩ AVOID swimming pools for 14 days!
- ⑩ DO NOT dye or tweeze eyebrows for one week after the procedure! Failure to follow post procedure instructions may result in infection or loss/discoloration of pigment.

WHAT IS NORMAL?

- ⑩ Mild welling, itching, light bruising and dry tightness. Aftercare ointments work well for scabbing and tightness.
- ⑩ Too dark and slightly uneven appearance. After 2-7 days the darkness will fade, and once any swelling dissipates unevenness usually disappears. If it is too dark or still a bit uneven after 4 weeks then we will make adjustments during the touch up appointment.
- ⑩ Color change or color loss. As the procedure heals, the color will lighten and sometimes seem to disappear in places. This can all be addressed during the touch up appointment, which is why touch up is necessary. The procedure area has to heal completely before we can address any concerns. Healing takes about four weeks.
- ⑩ A touch up may be needed 6 months to 1 year after the first touch up procedure depending on your skin, medications, and sun exposure. Your first touch up is included 4-6 week after you initial appointment. Then every 6 months to 1 year to keep them looking fresh and beautiful. If most of the hair strokes have faded, the entire procedure will need a touch up or repeat of the entire procedure.

Products used for aftercare – A gentle ointment (provided by clinic)

I _____ agree to follow instructions or I may be charged for additional eyebrow touch ups.



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**Please do not hesitate to call Miskell Medical, LLC if you have any questions,
815-431-1122**