



The Informed Client's Consent to the COSMETIC/PARAMEDIC TATTOOING PROCEDURE

(Pages 1-8)

1 GENERAL INFORMATION ABOUT COSMETIC/PARAMEDIC TATTOOING

Semi-permanent make-up, permanent make-up, permanent cosmetics, derma pigmentation, micro pigmentation, cosmetic tattooing, paramedic tattooing are different names of the method of depositing hypo-allergic mineral and/or organic pigments into the upper dermal layer of the skin which resembles regular makeup (such as eyeliners and other permanent enhancing colours to the skin of the face, lips and eyelids) or reconstructs eyebrows, lips contours, nose and face contours, hairline, breast's areolas, disguises scars and spots on the skin.

The optimal result is achieved between 2-3 procedures. The recommended intervals between procedure are 1-2 months. The subsequent procedure after initial one (original procedure) is referred to as "touch-up" and helps to achieve:

- more equal and accurate pigment allocation in designated areas;
- achieve more accurate colours and tonal ranges to meet client expectations
- greater lasting result.

Pigment is implanted into skin with special equipment using needles. Pigments are recognized as foreign substance by the immune system. In the process of "wearing" the PM, pigment is gradually rejected by the body over time. Depending on the individual's immune system, the dye can be stored in different parts of the skin during different times (from several months to several years). Periodic procedures are required to maintain and achieved the high quality of the PM. Usually between 1-2 years is an average timeframe. The subsequent annual procedures are referred to as "refresh" procedures.

2 CLIENT PERSONAL RECORD & MEDICAL HISTORY

Name	_____
Address	_____
Email	_____
Phone (H)	_____
Occupation	_____
Date of Birth	_____
Sex :	_____

Are you currently under the care of a physician? _____ If yes, for what? _____

Do you have any of the following medical conditions/problems?

Allergies _____ If yes, do you have allergy on Hair dye? _____ Latex? _____ Lidocaine? _____

Prilocaine _____ Benzocaine _____ Tetracaine _____ Adrenaline (Epinephrine) _____

Tattoo pigments or some metals such as Iron, Titanium, Nickel _____ something other _____

Keloid Scars _____ Diabetes _____ Cold Sores/Shingles _____ Aids (Hiv) _____ Cancer _____

Hepatitis /Jaundice _____ Iron Deficiency Anemia _____ Hemophilia _____ Hypoglycemia _____

Asthma _____ Heart Problem _____ Frequent cold _____ High/low blood pressure _____

Epilepsy _____ Fainting Spells/Dizziness _____ Mental diseases _____ Constipation _____

Skin Disorder/s _____ Skin Peel _____ Any active infection _____ Pregnancy _____

Breast feeding _____ Regular Period _____ Menopause _____ Thyroid imbalance _____

Hormone imbalance, abnormality _____ Eye or Eyelid Surgery or Injury _____ Contact Lenses _____

Cataracts _____ Glaucoma _____ Laser Treatment _____ Are you planning an MRI? _____

Botox _____ If yes, when did you make last Botox? _____ Are you planning more Botox? _____

Fillers _____ Do you plan to continue with Fillers? _____ Are you planning a surgical face lift? _____

Current Medication _____ Blood Thinner _____ Antibiotics _____ Hormonal therapy _____

Oral contraception _____ Other medication _____

Do you feel well enough to have permanent make-up procedure? _____

Do you have old permanent makeup ? _____ Area _____ When was it done _____

☒ I understand that in case of contraindications the result may be not satisfactory and additional perfecting sessions (touch-ups) may be required which will involve additional fees.

☒ _____ / ☒ _____ / ☒ _____

Name _____ Signature _____ Date _____

3 MEDICAL ASPECTS OF PERMANENT MAKE-UP

a) The permanent make-up procedure has medical contra indications:

- any virus and bacterial diseases in an active stage, immune system disorders: autoimmune diseases, immunodeficiency, including HIV, herpes in exacerbation stages, virus/allergic conjunctivitis, psoriasis, neurodermatitis, allergic diseases, cancer diseases,
- dermal diseases, atypical changes of integuments, including benign and malignant tumors, pigmentation abnormalities, including erratic ones,
- diabetes mellitus, any serious illness of internals a renal, liver failure,
- predilection of a skin to form keloids,
- hemophilia and other abnormalities of coagulability of a blood, high blood pressure,
- alcoholic or drug intoxication, epilepsy or mental disorders,
- hormonal diseases, pregnancy and breastfeeding period,
- therapy period of antibiotics, hormonal drugs, drugs influencing change of coagulability of a blood.

If the client is under one of these states it is recommended to cancel the procedure. If in doubt the procedure will only proceed with the written consent of the doctor.

b) Anesthetic

Anesthetic is not required for permanent make-up procedures. However, if the client has low threshold for pain and has no allergy to topical Anesthetic components such as Lidocaine, Prilocaine, Benzocaine, Tetracaine and Adrenaline (Epinephrine) and no other contra indications such as high pressure, diabetes etc. it can be applied with consultation between technician and client.

c) Healing process and recommended aftercare

External recovery of the skin occurs within 4-14 days. Internal recovery of the skin lasts within 1-2 months.

The recommended aftercare and hygiene assist in preventing complications during healing process.

In the case of complications in healing, it is highly recommended you contact your technician and/or see your GP for medical advice.

The healing process consists of several steps, below are some guidelines:

- Skin redness, which can last between 20 minutes through to several hours. This is normal and no action required.
- Swelling around treated areas, this usually passes after first day but in some cases can take as long as 2-3 days. This is normal and no action required.
- Lymph release, which lasts between 2-3 hours after procedure. It is **recommended** to wash the treated area with regular soap and dry it with cotton pads several hours after procedure in order to remove discharge from the surface of skin and avoid thick scabs forming.
- Initial formation of scabs, which occur after the first day of procedure and are characterized with bright colour. It lasts between 4 days up to 2 weeks (average period is 6 days). The client **must not** undertake the following activities during this period: attending sauna, bath, swimming and avoid direct sunlight. It is **not permitted** to touch the effected scab area, nor scratch and remove in any form including soaking. If the scabs are removed by force the effected areas will lose pigmentation during healing and scars may form. It is recommended to avoid washing or moistening the treated areas, if this occurs, it's recommended to gently sponge dry with cotton disk. It is **not recommended** to apply your own post-procedural care or use decorative cosmetics before the scabs flake off naturally. Apply nothing for the first day after procedure. During the period of scabs forming (from third day after procedure) apply only Vaseline oil with cotton bud in thin layers when dry sensation or tightening sensation occurs (on average between 3 to 4 times a day). Avoid using any wound healing or regenerating medicines as this will accelerate the regeneration process and reduce the retention of pigments in the skin. For clients suffering from oral herpes it is recommended to take regular medical treatment, prescribed by GP, after permanent make-up applied on lips.
- Flaking of scabs. The initial flaking of scabs will result in loss between 20-50% of colour. Secondary scabs will form (colourless and flaking in appearance), that will last up to 10 days, colour will be restored by 10-20% from initial pigmentation. Within this period, no special treatment is required. But in order to avoid post-traumatic hyperpigmentation the client **must** avoid direct sunlight for a month after procedure.
- Full skin regeneration, will occur between 4-9 weeks from day of procedure. This depends on the age of client and skin conditions. Any interference in the regeneration process (such as early touch-up procedure or some cosmetology procedure associated with violating the integrity of the skin) is strictly prohibited because it can provoke the formation of scars. On average, colour will be stabilized approximately 28 days after procedure. Within this period, no special treatment is recommended. However, as mentioned above, the client **must** avoid direct sunlight for a month after procedure in order to avoid post-traumatic hyperpigmentation. If the client is exposed to direct sunlight for prolonged periods of time, she/he must use maximum sunscreen protection on treated areas. The use of Retin-A/Tretinoin, Glycolic Acid, Hydroxy Acid, Fruit Acid, chemical peels, acid peels or any other rapid skin exfoliation products used regularly on the permanent make-up area will cause the pigmentation to fade prematurely. **WARNING:** In addition, Salt Water, Chlorine, exfoliation creams, and exposure to the sun will cause colours to fade.

4 INFORMATION ABOUT STUDIO AND TECHNICIAN

Your technician is Anna Ocko, sole trader, trading as "Beaushade"

Ph.: 0401744987

E-mail: ocko.anna@gmail.com

Address: 7 Gunns Lane, Magpie VIC 3352

ABN: 81440818275

Anna Ocko is a qualified and accredited permanent make-up artist specializing in all areas of face and body, including: eyelids, eyebrows, lips, cheeks, scars, areolas, scalp and any skin areas, requiring the camouflage procedures. Anna will undertake to comply with all the requirements of the rules and regulations governing the implementation of skin pigmentation procedures for the performance of permanent make-up.

Anna will undertake to document all aspects of your procedures, including taking photos of before and after to monitor effectiveness of procedures, all personal information is securely managed in the strictness of confidentiality.

5 TECHNICIAN'S POLICIES

Booking fee – A \$55 (inc.GST) booking fee is required. It is a time reserving and supplying fee.

In case of late cancellation (less than 7 days) this amount can't be refunded as this fee is covering our studio expenses (apportioned to each time slot) such as a rent, professional insurances, studio license, site service & hosting, education of the artist, studio equipment, consumables and time which are used to prepare the booked session.

Please make sure you cancel your booking 7 days prior to the booked date and please insure that the reason of your cancellation is important as due to sensitive character of our services it's unlikely that your time slot can be filled by another client and causes a loss to our business.

Cancellation – The time of appointment is reserved exclusively for the client. The cancellation should be done not less than 7 days prior to the procedure. Booking fee will not be refunded for: Cancellations made less than 7 days in advance including no-shows, day before and the same day cancellations. An additional \$55 booking fee will be required for re-scheduling of the appointment.

Late Arrival – Arriving late will deprive the client of valuable service time. As a courtesy to the next guest, the treatment will end at the time originally scheduled. Late arrivals may be rescheduled, or the remainder of the service time may be used at full price.

Children Under 18 – Due to liability reasons no children under the age of 18 will be permitted to undertake make-up procedures by Anna Ocko.

Cell Phones – Out of consideration for guests and technicians performing procedures, please mute or turn off cellphones.

Pricing of first procedure and Touch-up/Refresh fees – Touch-up/Refresh procedures are not included in the original procedure fee. The cost of "touch-up" procedure is about 30% of original procedure of current pricing schedule on condition that the time interval between original procedure and touch-up procedure is no more than 12 weeks. The cost of "annual refresh" procedure is also discounted in comparison with the initial session price and varies depending on the time interval between last touch-up session and annual refresh procedure. In case if this interval is longer than 2 years the full fee will be applied for the refresh session.

For the latest prices please check out price list on beaushade.com. All prices quoted are subject to change without notice. All purchases and services are final, and any refunds are not applied.

Permanent Makeup Done by Another Technician – Touch-up/Refresh fees are applied only for returned clients. Re-colouring of permanent makeup done previously by any other technician is not a "touch-up" or "refresh" procedure since it is not original work by Anna Ocko. Such works are called "cover-up" procedures. The fees for "cover-up" procedures are referred to as a new procedure and charged accordingly. Additional charges will apply if extensive reshaping and symmetry correction is required or pigment removal is required. Two or more appointments may be necessary to achieve and complete the procedures depending on each individual situation.

Number of procedures - Number of procedures averages between 2 to 3 sessions, followed by annual refresh will be required. Multiple sessions (3 or more procedures) are usually required to achieve satisfactory results in following procedures: spots camouflage, scars tattooing including camouflage, artificial cheeks blush, large eye shadows, complex cover-up procedures, regular procedures for clients with relative contraindications, also on a case by case circumstance some clients may require more than one "refresh" per year to achieve a satisfactory result. In cases if additional perfecting sessions (touch-ups) are required additional fees will apply.

Non-compliance of aftercare instructions – If the client does not follow the instruction of correct healing and aftercare (according paragraph 3-c of given Consent) no claims will be accepted by technician.

If the loss of pigment is a result of picking or forcibly removing scabs, causing loss of pigment, any repeat procedure resulting will be at the cost of the client.

Right to refusal – In case if client does not meet the criteria of the procedure the technician reserves the right to decline undertaking any procedure.

6 DISCLOSURE & RELEASE FORM FOR IMPLANTATION OF PIGMENT FOR: EYELINER, EYEBROWS, LIPS, RECOLOURATION AND CAMOUFLAGE

Anna Ocko appreciates your patronage and interest in new and improved techniques of Semi-Permanent Makeup.

You have the right to be informed so that you may make the decision whether or not to undergo this procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

a) CLIENT DISCLOSURE

Please read the statements below and confirm with your signature below:

I certify that I am over the age of 18. I give permission to perform permanent make-up procedure according the confirmed sketch.

I understand the following completely that no warranty or guarantee has been made to me as a result of this permanent makeup procedure, and that the final result cannot be guaranteed.

I realize that there is potential for discomfort and pain during the procedure and during the healing process as well as a possibility of swelling (1-3 days), scab forming (4-14 days),

I understand that healing process is different for every person. I know that colour pigmentation is significantly stronger for the first 4-14 days after procedure than it will be less after scabs flake-off and healing completed. Pigment loss or colour change occurs normally in most cases during first month after procedure. I have to stay patient and return for touchup session no earlier than 1 month after initial session (when skin is completely healed).

I understand that allergic reactions to the pigment or Anesthetic may occur.

I understand that there is a possibility of hyperpigmentation resulting from the procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

I understand that tattooing is considered as permanent procedure, however, it will fade down in time.

I know that a permanent make-up can only be removed with a special removal procedure, and that any effective removal may leave permanent scarring. I completely understand that the result may be permanent and removal process may require multiple session and take as long as 2-2.5 years.

I was warned that I must not undertake the following activities: sauna, bath, swimming, direct sun exposure, and should limit the using of decorative cosmetics on permanent make-up areas during primary scabs period. I remember that I should not be at direct sun exposure during first month after procedure.

I know that I must follow the prescribed aftercare instruction, use only recommended Vaseline oil and do not use any wound-healing and regenerating medicine.

I was warned that it is forbidden to accelerate flaking-off scabs.

I know and agree that 1 or 2 additional procedures are required after the primary procedure and that I have to pass annual refresh procedure.

I understand that complex procedures such as spots camouflage, scar tattooing including camouflage, artificial cheeks blush creation, large eye shadows creation, complex cover-up procedures can require more procedures.

I know that it is recommended to remove make-up from treated area before procedure and remove any contact lenses if undertaking work on eyelids.

I was recommended to plan my affairs after the procedure, taking into account the possible complications (redness of the skin, edema after procedures on the eyelids and lips, crusting) and limitations in the using of makeup.

I comprehend that the permanent make-up procedure on the lips can provoke the herpetic reaction and in order to prevent this reaction I have to use appropriate antiviral medicine, prescribed by your GP, straight after procedure.

I confirm that I received in writing instructions about "The correct healing process and recommended aftercare" (outlined in paragraph 2-c of given Consent)

I certify that I do not have medical contra-indications for performing PM procedures.

I hereby authorize Anna Ocko to take photographs of my procedure (treated area only) performed both before and after treatment, and I further authorize the use of photographs for the purpose of advertising.

I acknowledge that the information provided by me is to the best of my knowledge and treatment is based on this information.

I fully understand that Anna Ocko only provides beauty services; there is no medical treatment involved.

I realize that with any beauty service there may be certain risks which must be understood. I will be fully responsible for any and all results which may arise from these beauty services. I do hereby agree Anna Ocko is free from any and all claims or suits for damage, for injuries or complications resulting from any beauty service provided.

The nature and purpose of the beauty services, the risks involved and the possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I have been given the opportunity to ask questions about the procedure, the risks, and the hazards involved.

I believe that I have sufficient information to give this informed consent.

By signing below I acknowledge that I have read and understand the above and all of my questions have been

answered and that I consent to have the above beauty services.

b) CLIENT ACKNOWLEDGMENT AND RESPONSIBILITY TO INFORM THE TECHNICIAN

I further agree to indemnify and hold harmless Anna Ocko from any claim of liability, losses, damages, or any expenses whatsoever as a result of any claims, demands, damages, costs or judgments including, but not limited to, claims based on negligence against Anna Ocko, that may arise in connection with the services performed.

This Agreement is intended to be an addendum to any previous conditions, releases, or hold harmless agreements, in written form, verbal, or manually communicated between Anna Ocko and her client in connection with permanent makeup procedures.

I have been given a copy of this Consent prior to the permanent makeup procedures being performed, and has been given the opportunity to attain reasonable understanding of this Agreement, including the opportunity to ask questions, either by written, verbal or manual communication prior to the signing of this document.

As a client, I have a responsibility to inform the technician of all possible concerns. I understand that I must inform my technician of all medications being taken by me, even though I have written it on the I Medical History. For example, pain control medication such as aspirin may cause the blood to thin, and excessive bleeding may occur.

I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure, even though I may have written it on the form.

I am free from drug and alcohol use or any other substances.

I am not pregnant.

I have no known allergies to dye, such metals as iron, nickel, titanium any topical anesthetics.

I understand that taking Before and After pictures is a condition of such procedures. I hereby forever release and discharge Anna Ocko from any and all claims, action and demands arising out of use of photographs for promotions.

I have also read and understand Aftercare Treatment Instructions and recommendations, and I understand my responsibility to follow them to ensure proper healing of the treated area.

I release Anna Ocko of all claims for injury, seen or unseen that may occur as a result of this procedure.

I am aware of options and limitations of cosmetic tattooing related to my case. I accept the suggested concept of tattooing. I completely understand that the result may be permanent and removal process may require multiple session and take as long as 2-2.5 years.

I fully understand the questions, terms, and conditions of this Disclosure and Release Agreement, and all have been explained to me in my native language. I accept to waive all my rights for any claim against Anna Ocko for any reasons may involve whatsoever.

I certify that this Disclosure and Release Agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge.

Client's Printed Name ☒ _____

Signature: ☒ _____ Date: ☒ _____

7 INFORMATION ABOUT PERFORMED PROCEDURES

1	Procedure	Date	Cost	Signature of technician	Machine
	Needle (type)	Needle (batch number)	Notes*	Tips+Grip (type)	Tips+Grip (batch number)
	Pigment (name)	Proportions in mix	Anesthetic (name)	Notes*	Map of treated area
2	Procedure	Date	Cost	Signature of technician	Machine
	Needle (type)	Needle (batch number)	Notes*	Tips+Grip (type)	Tips+Grip (batch number)
	Pigment (name)	Proportions in mix	Anesthetic (name)	Notes*	Map of treated area

* Additional information about client and procedure (free form): technician's observations such as effectiveness of Anesthetic, particularities of client, the level of the trust to technician, the level of anxiety of client, particularities of skin, procedure process, chosen technique, additional recommendations. Analysis of healed procedures.

7 INFORMATION ABOUT PERFORMED PROCEDURES

3	Procedure	Date	Cost	Signature of technician	Machine
	Needle (type)	Needle (batch number)	Notes*	Tips+Grip (type)	Tips+Grip (batch number)
	Pigment (name)	Proportions in mix	Anesthetic (name)	Notes*	Map of treated area
4	Procedure	Date	Cost	Signature of technician	Machine
	Needle (type)	Needle (batch number)	Notes*	Tips+Grip (type)	Tips+Grip (batch number)
	Pigment (name)	Proportions in mix	Anesthetic (name)	Notes*	Map of treated area

* Additional information about client and procedure (free form): technician's observations such as effectiveness of Anesthetic, particularities of client, the level of the trust to technician, the level of anxiety of client, particularities of skin, procedure process, chosen technique, additional recommendations. Analysis of healed procedures.

5	Procedure	Date	Cost	Signature of technician	Machine
	Needle (type)	Needle (batch number)	Notes*	Tips+Grip (type)	Tips+Grip (batch number)
	Pigment (name)	Proportions in mix	Anesthetic (name)	Notes*	Map of treated area
6	Procedure	Date	Cost	Signature of technician	Machine
	Needle (type)	Needle (batch number)	Notes*	Tips+Grip (type)	Tips+Grip (batch number)
	Pigment (name)	Proportions in mix	Anesthetic (name)	Notes*	Map of treated area

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