



## Semi Permanent Make Up Treatment Information

### **Benefits**

- Enhanced appearance of tattooed area
- Improved psycho-social benefits for medical tattooing
- Reduced makeup use

### **Alternatives**

- No treatment
- Makeup

### **Reported Risks & Side Effects**

Common Risks - 1 in 100 to 1 in 10

- Redness
- Swelling
- Bruising
- Pain
- Pigmentation loss
- Unsatisfactory results
- Scab formation
- Pigmentation migration
- itching

Uncommon Risks - 1 in 1,000 to 1 in 100

- Long term colour changes
- Infection
- Allergic reaction

### **Aftercare**

1. Avoid power showers during the healing phase.
2. Do not pick any scabs or dry skin during the healing stage
3. Avoid applying make up or other products to the treated area that have not been recommended by my clinician.
4. Apply the recommended petroleum jelly for three days only.

## Semi Permanent Make Up Treatment Consent

I confirm that I have been informed that:

Micropigmentation of patients with any of the listed conditions is not necessarily impossible. Before any treatment is given, however, affected individuals should be encouraged to consult their doctor for advice as to whether or not there are any contra-indications to having micropigmentation treatment.

I understand that there is an initial darkening of pigment which will lighten up and may be patchy in places. I understand that I may not be happy with the outcome and in such events a refund is not eligible, in such cases further treatment may be required and the costs of top up treatments have been explained to me.

The chance of having a side effect is described by the following categories:

Common - More than 1 out of 100 persons and less than 1 out of 10 persons

Uncommon - More than 1 out of 1,000 persons and less than 1 out of 100 persons

I have chosen the pigment and style of tattoo with my clinician requested a micropigmentation treatment that involves minor breakage of the skin surface with a needle, and this process may complicate some medical conditions.

Please read the following information carefully, and if any of these conditions apply to you, you **MUST** declare them to the practitioner on the premises and discuss these matter with him / her.

#### **Skin conditions**

Eczema this may make a person more prone to skin infections / irritation

Psoriasis or other chronic skin conditions, excluding acne and disorders of pigmentation – same complications as eczema

#### **Circulatory disorders**

Heart disorders some heart defects render individuals more prone to serious heart complications from any blood infections  
High/low blood pressure can cause light headedness and may be linked to other heart-circulation disorders

Haemophilia and other bleeding disorders – as may result in poor clotting / healing

Pregnancy

Nursing mothers treatment must not interfere with the feeding process; also, any risk of infection for them is also a potential risk to their baby

Pregnancy the immune response may be affected by pregnancy; any infection may affect the unborn child

Date:

Other medical conditions

Epilepsy medication may cause side effects and poor control of the condition may result in fitting during treatment

Diabetes long term sufferers may have circulation problems that can reduce healing properties of the skin; this can result in severe infection

Autoimmune disease or other conditions or treatments causing immuno-deficiency (e.g. cancer treatments) – more prone to serious infection; HIV a risk factor for clinician

Medication side effects may affect healing and recovery from treatment

Patient Name:

Patient Signature:

Clinician Name:

Clinician Signature:

Allergic responses

Allergies especially nickel allergy; may result in serious skin reaction from small amounts of metals sometimes present in applied products (inks etc.)

Other considerations before you undergo treatment

General treatment cannot be undertaken if you are under the influence of drugs or alcohol

Any other conditions the above list is not exhaustive. If you are suffering from any other medical condition not listed, please inform your clinician

I confirm that my clinician, has:

- Discussed the risks, benefits and alternatives to this treatment as documented in SPMU Information Sheet, Version 1, of which I have received a copy
- Given me the opportunity to ask all remaining questions I have about the treatment
- Given me time to consider the treatment
- Received an accurate medical history and that I have not withheld any information
- Discussed and issued me with specific aftercare pertaining to this treatment.

I therefore consent to receiving the described treatment by my clinician.