**Procedure form:**

**Clients Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Colour Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Needle Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment Plan Discussed on day:**

**Technician Feedback:**

**Client Feedback:**

You Confirm that you have been shown all items used were sterilised or disposable and still in relevant hygiene packaging.

You confirm that you have followed all correct pre-procedure care.

You confirm that you have received the relevant post care procedure advice.

You understand that you may require a retouch procedure within 1-3 months of the initial treatment, that you chose and were happy with pigment colour and shape of tattoo prior to treatment starting and that the colour is initially 30-50% darker than the actual end result for at least 4-8 weeks. You agree to having photos of the procedure stored for our records or used for portfolio purposes.

**Clients Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please write a brief review/feedback of your treatment for our records: i.e. How you felt during the procedure, your expectations and how you feel after your treatment.**

**Topical Anaesthetic Form**

**Allergic Reaction**

Allergic reaction can occur from any anaesthetics used during the procedure. If you do suffer from an allergic reaction you should contact your doctor immediately. Allergic reaction response may display redness, itching, swelling, a rash, blistering, dryness or any other symptom associated with allergy.

**Numbness**

We cannot accept responsibility if the treatment area does not numb. Each individual is different according to the skin type. Some clients have reported that the area is totally numb while others say they experience some discomfort.

**Procedure**

For all procedures’ a cream or gel topical anaesthetic is used. These products are perfectly safe, and can be purchased over the counter from any chemist. The anaesthetic is placed over the treatment area for between 10-30 minutes then carefully removed prior to treatment.

As a result of the treatment, combined with the use of the anaesthetic you can expect to experience swelling and redness that could last between 1-4 days. You should always follow your post procedure instructions.

For Eyeliner procedures’ you will be asked to keep your eyes closed throughout the numbing procedure. If for some reason the anaesthetic gets into the eye you must inform the technician at once. It is not harmful to the eye although you will experience some stinging and slight discomfort. The cream will be removed and your eyes immediately flushed with a sterile saline solution. It is then safe for the technician to reapply the anaesthetic.

**NOTE:** If you experience stinging in the eyes and do not inform your technician immediately, the anaesthetic may numb the eyeball, and a possible corneal abrasion may occur. This can result in temporary streaming and light sensitivity of the eyes. You may be unable to open your eyes and each time you do it may be painful, and temporary blurry vision may occur. Corneal abrasion, however is rare. If you experience any of these symptoms, inform your technician and visit your doctor immediately.

I have read and fully understood the above and the risks involved with the use of topical anaesthetic and consent to the use of the anaesthetic for the permanent cosmetic procedure.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_