

PERMANENT LASH LINER

Permanent makeup is a natural iron oxide pigment, specifically designed for facial application. Micro pigmentation is a method of applying subtle micro insertions of pigment that create natural coloring on the skin. Topical anesthetics are used for comfort. Most people describe a plucking sensation due to the nature of the application.

Patient's
Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- _____ I understand and accept that the most likely material risks and complications of lash liner surgery have been discussed with me and may include but are not limited to:
- *allergic reaction to the dye, causing permanently red, swollen, and tender lids*
 - *bruising*
 - *infection*
 - *numbness*
 - *swelling*
- _____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- _____ I have informed the doctor of all my known allergies.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- _____ I have been advised whether I should take any or all of these medications on the days surrounding the procedure.
- _____ I am aware and accept that no guarantees about the results of the procedure have been made.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.
- _____ I understand that the actual final color of the pigment may vary according to my skin tone.
- _____ I understand that with the passage of time, the color of the tattoo may fade or change to a final color that cannot be determined beforehand or that the color may disappear altogether.
- _____ I understand that the procedure is a tattoo, intended but not guaranteed to be irreversible.
- _____ I understand that if pigment must be removed, such removal must be done surgically; I may lose my lashes, and it may distort the appearance of my eyes.
- _____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- _____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform lash liner surgery on _____ at _____.

(patient name) *(name of facility)*

Pigment color, _____, will be introduced into the skin along the eyelash line to a maximum depth of the second layer of the dermis.

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

Continued

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Physician Signature/Date/Time

initial copy given to patient

initial original placed in chart

SAMPLE