Informed Consent

Cosmetic tattoo

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INSTRUCTIONS

This document is about informed consent. It will tell you about **cosmetic tattoos**. It will outline the risks and other treatment options.

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Tattoo pigment is designed for cosmetic applications. The cosmetic tattoo technician inserts a pigment that creates a natural-looking color on the skin.

OTHER TREATMENTS

Other options include using eyeliner, topical skin pigmentation, or other skin treatments. Risks and potential issues also come with other treatments.

RISKS OF COSMETIC TATTOOS

All procedures have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after the procedure. Every procedure has its limits. Choosing to have a procedure means comparing the risks and benefits. Most people do not face problems, but you should talk about them with your cosmetic tattoo technician. Make sure you know all possible risks of cosmetic tattooing.

SPECIFIC RISKS OF COSMETIC TATTOOS

Bruising:

You may bruise after the surgery. It should not last more than a day or two.

Infection:

It is rare, but you may get an infection after the treatment. If you do, you may need another treatment. This could include antibiotics, time in the hospital, or surgery. You need to tell your cosmetic tattoo technician about any infection. This could be ingrown toenails, insect bites, tooth problems, or urinary infections. An infection in another part of your body can lead to an infection where the tattoo is done.

Skin Discoloration/Swelling:

You may see swelling after the treatment. The skin in or near the tattoo site can look lighter or darker than the skin around it. It is rare but swelling and skin discoloration can last a long time. In some cases, it may be permanent.

Allergic Reaction:

It is rare, but some patients have allergic reactions to the pigment, topical preparations, or injection. Allergic reactions may need more treatment. Tell your cosmetic tattoo technician about any prior allergic reactions.

Poor Results:

You can expect good results. However, there is no guarantee for the results. The body is not symmetrical. Almost everyone sees unevenness in their body. It may not be visible before the treatment. For example, one side of your face may be a little larger. One side could sag more than the other. If you have more realistic ideas about the treatment, the results will look better to you. Some patients do not reach their goals. It is not the fault of the cosmetic tattoo technician or the treatment. You may not like the results. Unwanted results may NOT improve with more treatment.

 _____ **Patient Initials**

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Scarring:
All procedures that involve cutting skin leave scars. Some are easier to see than others. You can expect your wound to heal after tattooing, but you may get visible scars that are permanent. Scars may look bad at first. They may be a different color than your other skin. These scars may be raised and red in the first few weeks or months. They usually fade over time. However, some patients can have “hypertrophic” or “keloid” scars. These can be clearly seen and felt. They may be red, and they do not go away. You may need more treatments, like medication and/or surgery.

Touch Up Treatments:
The tattoo technician will do everything possible for a good outcome. However, unexpected events can occur that may need more treatments.

Skin Sensitivity:
Your skin may be itchy, tender, or very sensitive to hot or cold temperatures after the treatment. This usually goes away during healing. In rare cases, it may last a long time.

Damage to Eye Structures:
It is very unlikely, but there is a risk of injury to the eye and the area around it. Injuries to this area may be temporary or permanent.

Pain:
You may feel pain after your procedure.

Drug Reactions:
You may have unexpected drug allergies. You may not respond to medication or may fall ill from the prescribed drugs. You should inform your doctor of any problems you have had with any medication or allergies to medication, both prescribed or over the counter. You should tell your doctor about any regular medication. Give your surgeon a list of your current medications and supplements.

MRI complications:
It is rare, but during magnetic resonance imaging (MRI) exams, you may have swelling or burning where you have tattoos or permanent makeup. Sometimes, tattoo pigments can interfere with the quality of the image.

Permanent Nature of Tattoos:
Tattoo removal is possible with lasers or surgery. That said, tattoos are permanent. Sometimes, tattoos cannot be totally removed. Sometimes, they can only be removed partially with laser or surgery.

Change in Tattoo Appearance:
The quality and color of the tattoo may change with time. You may not like the results. You may need more treatment to maintain the results.

DISCLAIMER
Informed consent documents give you information about the procedure you are considering. These documents explain the risks of that procedure. They also discuss other treatment options, including not having surgery. However, informed consent documents can’t cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the assistants to do the procedure **Cosmetic Tattooing.**
2. I got the information sheet on cosmetic tattooing.
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the one listed above. I permit the doctor listed above, the assistants and/or designees to do any treatment that my doctor thinks it is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the cosmetic tattoo.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the procedure. I have explained my goals. I understand which outcomes are realistic and which are not realistic. All my questions have been answered. I understand the procedure's built-in risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to get the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and sometimes death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after the planned procedure or any other operation that is needed or helpful.
8. I agree to have the right parts of my body photographed or televised before, during, and after the procedure for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this procedure. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the procedure is an option and that I can opt-out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE PROCEDURE TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE PROCEDURE

I CONSENT TO THE PROCEDURE AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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