



# HEALTH SPA

## Collagen Induction Therapy

720 North 30<sup>th</sup> Street ~ Billings, MT 59101 ~ Phone (406) 294-7778 ~ Fax (406) 545-0044

WAIVER, RELEASE, CONSENT, and CLIENT RECORD

FOR COLLAGEN INDUCTION THERAPY/TATTOOING PROCEDURE

\*PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING\*

\*PLEASE INITIAL EACH PROVISION ON THE LINES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION\*

In consideration for receiving a tattoo from Raechl Kaiser, I agree to the following:

That I, \_\_\_\_\_ (clearly print your name) have been fully informed of the inherent risks associated with getting a tattoo. I fully understand that risks, known and unknown can, lead to injury including but not limited to infection, allergic reaction to tattoo pigment, latex/nitrile gloves and/or soap, abscesses, excessive bleeding, heavy metal poisoning, infection, keloid formation, muscle paralysis, nerve paralysis, scarring, blood borne pathogens, tongue swelling, throat closure and tooth fracture. Some initial redness and swelling is normal. However, I have been informed that if I develop signs of infection such as fever, excessive redness, drainage, swelling or any other complication that I am to consult with a physician immediately. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application and I freely accept and expressly assume any and all risks that may arise from tattooing.

TO WAIVE AND RELEASE to the fullest extent permitted by law, Raechl Kaiser from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have to personal injury or otherwise, including any direct and/or consequential damages, which result or arise for the application of my tattoo, whether caused by the negligence or fault of Raechl Kaiser.

What is the design and location of the tattoo procedure? \_\_\_\_\_

\_\_\_\_\_ The Artist has given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction. I have also been given aftercare instructions in both, written and verbal form. Therefore I consent the tattoo procedure.

\_\_\_\_\_ The Artist has given me instructions on the care of my tattoo while it is healing, and I understand them and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the aftercare instructions given to me. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by Raechl Kaiser, without duress or coercion.

I do not have a mental impairment that may affect my judgement in getting the tattoo.

I do not have HIV/AIDS, Hepatitis, diabetes, epilepsy, hemophilia, a heart condition, nor do I take blood thinning medication or supplements.

I have provided a written physician's referral if I am taking any drugs or dietary supplements that may reduce clotting, if I have a medical condition that is known to cause bleeding, if I show signs of intravenous drug use, have a sunburn, skin disease such as psoriasis or eczema, have a skin infection, a mole at the procedure site, or if I have allergies or sensitivities to pigment soaps or other substances used in this procedure.

I do not have any other medical or skin condition that may interfere with the application or healing of the tattoo.

I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of antibiotics that is required by doctor in advance of any invasive procedure such as tattooing or piercing. I am not pregnant or nursing.

Variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I understand that all permanent body art is subject to artist interpretation and artistic freedom. I also understand that over time, the colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.

A tattoo is a permanent change to my appearance and can only be removed by laser or surgical mean. Which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.

I release all rights to any photographs taken of me and the tattoo and given consent in advance to their reproductions in print or electronic form. (If you do not initial this provision, please advise and remind your artist to NOT take any pictures of you and your completed tattoo)

I agree to reimburse Raechl Kaiser of any attorney's fees the costs incurred in any legal action I bring against the Artist. I agree that the courts of the state of MONTANA, in the COUNTY OF YELLOWSTONE, shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

I acknowledge that I have been given adequate opportunity to read and understand this document. That it was not presented to me at the last minute and I understand that I am signing a legal contract waiving the certain rights to recover against Raechl Kaiser.

I, hereby declare that I am of legal age (have provided valid proof of age) and am competent to sign this agreement or if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement. If I am a minor my parent/guardian must be present throughout the entirety of the tattoo procedure.

I HAVE READ THIS AGREEMENT AND I UNDERSTAND IT, BY SIGNING, I AGREE TO BE BOUND BY IT.

*Please contact RiverStone Health if there are any adverse reactions:  
123 South 27<sup>th</sup> ST Billings, MT 59101, Phone number: 406-256-2770*

Print Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Sex \_\_\_\_\_

Medications/Prescriptions and/or Allergies: \_\_\_\_\_

Artist: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



## Patient Consent Form

### Description of the Procedure:

The Eclipse Micropen skin needling system used in Collagen Induction treatments allows for controlled induction of the skin's self-repair mechanism by creating micro "injuries" in the skin which triggers new collagen synthesis yet does not pose the risk of permanent scarring. The result is smoother, firmer and younger looking skin. Skin needling procedures are performed in a safe and precise manner with the use of the sterile Micropen needle head. The procedure is normally completed within 30-60 minutes depending on the required treatment and anatomical site.

### Side Effects:

After the procedure, the skin will be red and flushed in appearance in a similar way to moderate sunburn. You may also experience skin tightness and mild sensitivity to touch on the area being treated. This will diminish greatly after a few hours following treatments and within the next 24 hours the skin will be completely healed. After 3 days most visible erythema will be absolved .

### Absolute Contraindications:

- Scleroderma
- Collagen vascular diseases
- Cardiac abnormalities
- Blood clotting problems;
- Active bacterial or fungal infection
- Immuno-suppression.
- Not recommended for women who are pregnant or nursing.

### Precautions:

- Active acne, rosacea or other inflammation conditions.
- Open wounds
- Keloid scars
- History of eczema, psoriasis and other chronic conditions; '
- History of actinic (solar) keratosis;
- History of Herpes Simplex infections ( see special instruction
- History of diabetes;
- Presence of raised moles, warts on targeted area.[Margaret Beeson]
- Accutane treatment regimen within prior 6 months

**Special instructions:**

Facial herpes medication **MUST BE TAKEN 48 HOURS AFTER TREATMENT**

**Patient Consent:**

I understand that results will vary between individuals. I understand that although I may see a change after my first treatment; I may require a series of sessions to obtain my desired outcome.

The absolute contraindications, precautions, procedure, aftercare, as well as the advantages have been explained to me.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment. I am aware that the Micropen treatment is not permanent as natural degradation will occur over time.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it. I have had the opportunity to ask any questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_