

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 27th 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 _____