

Possible risks, Hazards or Complications

- **Pain.** There can be pain even after the topical anesthetic has been applied. Anesthetic works better on some people than others.
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- **Infection.** Infections are possible but not likely. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See “aftercare” sheet for more details.
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- **Uneven Pigmentation.** This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.
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- **Asymmetry.** Every effort will be made to avoid asymmetry but our faces are not symmetrical, so adjustments may be needed during the follow up session to correct any unevenness.
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- **Excessive Swelling or Bruising.** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears within 1-5 days while other people don't bruise or swell at all.
- **Eye Exposure.** There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, **celluvisc**, a thick eye drop is used to protect the eye prior to the procedure. Eye drops are used to cleanse and flush the eye after the procedure is complete.
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- **Anesthesia.** Topical anesthesia are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic any of these please inform your technician ASAP.
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- **MRI.** Because pigments used in permanent cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your technician of any tattoos or permanent cosmetics.
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- **Allergic Reaction.** There is a small possibility of an allergic reaction. You may take a 5-7 day test patch to determine this. Please initial to **Waive** _____ or **Take** _____

The alternative to these possibilities is to use cosmetics and not undergo the 4D, S3, 6D, or 3D Eyebrow Embroidery procedure. Consent and release for procedures performed.

Signed _____ **Date** _____

(Please sign over printed full name)