

◆ Client Informed and Procedure Form: 3D Nipple and Areola Tattoo ◆

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Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

( ) ( )  
Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

I \_\_\_\_\_ present to Sasha Merritt and Dragonfly Ink Custom Tattoo that I am over the age of 18 and desire to have this elective cosmetic pigmentation procedure. I understand this procedure will be performed by Sasha Merritt. If any unforeseen conditions arise in the course of this procedure calling for her judgment for procedures in addition to, or different from those now contemplated, I further request and authorize her to do whatever necessary in the circumstances. Initial \_\_\_\_\_

I also understand that the permanent skin pigmentation procedure carries with it the possible complications and consequences associated with this type of cosmetic procedure, which includes risk of infection, scarring, inconsistent color, or fading of pigments and or allergic reaction to any products used. I understand the final color of the pigment may vary due to the tone and color of my skin and may take more than one session to achieve best results. Laser treatments may also compromise your permanent cosmetic tattoo application. I fully understand as with all such procedures that this is not a science but rather an art and that anything that can go wrong may go wrong. I understand that the procedure will likely require refreshing as soon as one year from initial tattoo. I request the permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure as well as the possible complications and consequences of the said procedure(s). Initial \_\_\_\_\_

For the purpose of documentation, I also consent to the taking of before, during and after photographs / videos of said procedure(s) which become Sasha Merritt's sole property and may or may not be used by Sasha Merritt or Dragonfly Ink Custom Tattoo for what ever purpose deemed necessary. Initial \_\_\_\_\_

Understanding the permanent skin pigmentation procedure, the procedure, the permanency of the procedure, the possible consequences of the procedure, and that the procedure is for cosmetic purposes only, I hereby authorize Sasha Merritt to perform the permanent skin pigmentation procedure(s). Initial \_\_\_\_\_

I certify that I have read and initialed the above paragraphs and have had explained to me and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement.

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Client Signature

Date