

Medical Consent and Procedure Chart

© IIPC

| | | | | |
|--------------------------|--------------------------|---------------------------|-------|----------|
| Name | Address | City | State | Zip Code |
| Area Code Work Phone# | Area Code Home Phone# | Area Code Cell Phone # | | |

Emergency Contact Phone Number _____

If you are now taking or recently have taken any of these drugs please circle below. You may need a physicians release prior to your procedure:

| | | | |
|----------------------|----------------------|-----------------------|------------------------|
| Aspirin | Anticoagulants | Blood thinners | Arthritis Preparations |
| Antibiotics | Diabetic meds | Insulin injections | Hormones |
| Accutane | Heart meds | Blood pressure meds | Anti-anxiety drugs |
| Seizure meds | Tranquilizers | Pain or headache meds | Meds for depression |
| Meds for mood change | Steroid preparations | | |

Please circle if you have or had recently any of the following. You may need a physicians release prior to your procedure:

| | | | |
|---------------------|--------------------------|-----------------------|------------------------------|
| Anemia | Asthma | Fever Blisters | Herpes infections |
| Sinus infections | Chronic sinus congestion | Seasonal hay fever | Chronic/ migraine headaches |
| Blurred vision | Glaucoma | History of seizures | Chronic eye conditions |
| Heart disease | Heart condition | Heart murmur | Recurrent heart palpitations |
| Hypertension | Diabetes | Alopecia | Elevated blood pressure |
| Jaundice | Hepatitis | Cancer surgery | Plastic surgery |
| Any breast problems | Chronic skin problems | Dermabrasion | Chemical peels |
| Collagen injections | Gortex | Any other lip fillers | Nervous conditions |

| | | |
|--|-----|----|
| Could you possibly be pregnant? | Yes | No |
| Are you nursing mother? | Yes | No |
| Do you have any allergies to any medication or latex? | Yes | No |
| Novocain, Lidocain or any other topical anesthetics? | Yes | No |
| Have you ever had any permanent cosmetics applied? If so please describe. _____ | Yes | No |
| Pigments used: _____ Machine used: _____ | | |
| STOP!!! ANSWER NEXT QUESTIONS AFTER PROCEDURE | | |
| Was pigment disposed of? | Yes | No |
| Was needle disposed of in a Sharp's container? | Yes | No |
| Do you sign off that you saw the technician dispose of your needle in a Sharp's container? | Yes | No |
| Did you sign any Consent and Release forms? | Yes | No |
| Were before and after photos taken? | Yes | No |

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.

| | |
|--------------------------------|------|
| Patient/Legal Guardian /Parent | Date |
| Technician / Witness | Date |