Alkhuzai Beauty LLC

INFORMED CONSENT FORM

Before undergoing PIERCING and/or TATTOOING, we would appreciate it if you could provide us with some details about your medical history:

- HIGH BLOOD PRESSURE YES NO
- EPILEPSY YES NO
- HIV YES NO
- CARDIAC PROBLEMS YES NO
- ALLERGIES YES NO
- HEPATITIS YES NO
- SKIN DISEASES: YES NO Specify: _____
- ANY OTHER INFORMATION YOU CONSIDER IMPORTANT:

_____

CONFORMITY

I understand that a piercing and/or tattoo is a wound in the skin that can suffer the evolution of any wound, including infections, irritations, inflammations, and other conditions caused by very diverse reasons, among which are an inadequate cure, specific sensitivity of each skin, allergies, state of the immunological system of each person, and other causes.

I understand and accept that by undergoing a tattoo and/or piercing, I may develop an allergy to any of the materials used. Any problem derived from my tattoo and/or piercing that is not demonstrably caused by poor practice (sterilization, disinfection of the material or installations) will be my responsibility. I must follow the instructions given to me.

Hygienic measures that will be adopted for the client's health:

- Local absence of lesions or other contraindications will be verified.
- Only sterile and disposable material will be used. The needles are for single use, pre-sterilized and disposable.
- The pigments used comply with current regulations on homologation.
- Material will be unpacked in the presence of the client.
- Cleaning and disinfection of the work area and the anatomical zone where the material will be used.
- Disposal of surplus material in the presence of the client.

Consent:

I accept that I have been duly informed orally and in writing, as well as having received the necessary instructions (oral and written) for the proper care of my piercing/tattoo and that I am fully responsible for it.

In the case of a phrase, name or lettering: I verify and approve that both the typography, the spelling, the numeration and the meaning are correct. YES NO

I give my consent to the artists of Alkhuzai Beauty LLC for them to perform a MICROPIGMENTATION TATTOO/PIERCING ____
I give my consent to Alkhuzai Beauty LLC to publish the work on social media and other media YES NO

Name and Last Name: _____

Alkhuzai Beauty LLC

ID Number: _____ Age: _____ Phone: _____
Area to be Tattooed: _____ Sessions: _____ Price: _____ Deposit: _____

Client Signature: _____
Tattoo Artist Signature: _____