

Consent Form for Areola Repigmentation

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone _____
Date of Birth: _____ Age: _____ Medical Physician _____

Plastic Surgeon: _____

Allergies (please list all): _____

List all known Medical Conditions: _____

Are you allergic to any of the following? Latex: _____ Lidocaine: _____ Vitamin E: _____

Are you a Hemophiliac? _____

In case of emergency, who should we notify: _____ Phone: _____

Photograph Release:

Client gives Christine Zimmerman permission to use before and after photographs of the areola/nipple area for the purpose of advertising and teaching.

Please initial: _____

I accept the responsibility for determining the color, shape, and position of the Areola/Nipple. Please initial: _____

I have read and understand the After Care Instructions provided to me. Please Initial: _____

I understand that the first application can fade up to 80% because of scar tissue and a revision can be done in 45 to 60 days. Please initial: _____

I understand that the color will lighten in 5 days and not to pick any scabs and that pigment can stain clothing or sheets. Please Initial: _____

Waiver Agreement:

The undersigned acknowledgements-that Christine Zimmerman has explained the nature of the treatment procedures including the risks and dangers inherent therein. I herby consent to Christine Zimmerman's performing permanent tattooing procedures to the Areola/Nipple area on me and in consideration of her doing so I herby release and forever discharge Christine Zimmerman and her employees both personally and under the business name of A Nu Yu from all claims, demands, actions, and causes of actions arising out of said treatment procedures which I, my heirs, executors, administrators, or assigns may have stemming from my decision to have Areola/Nipple Tattooing procedures performed by Christine Zimmerman.

I agree that this waiver also pertains to and is designed to protect any and all establishments where Christine Zimmerman does business.

I acknowledge that I have been given a copy of the following documents: Areola/ Nipple After Care Instructions.

Location of Procedure: _____

Client Signature: _____ Date: _____