Sample Release Forms
(Studio Name XXXXXXXX)

Consent to Tattoo Procedure

Client’s Name: ___________________________ Date: ______________________

Address: ____________________________________________________________

Client’s Age: ________ (If minor, Minor Consent Form signed by a parent or guardian MUST be completed)

Client Signature: ____________________________________________________

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining a tattoo. All of my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below and I agree as follows:

____ I have any condition that might affect the healing of this tattoo, I will advise my artist.

____ I am not pregnant or nursing.

____ I am not under the influence of alcohol or drugs.

____ I do not have medical or skin conditions such as but not limited to: acne, scarring (keloid), aczema, psoriasis, skin disease or skin cancer, HIV, AIDS, Hepatitis, or jaundice.

____ I acknowledge that it is not reasonably possible for the artist, XXXXXXX or its employees to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo. I agree to accept the risk that such a reaction is possible.

____ I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence, will be at my own expense.

____ I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that my natural skin color may affect how the colors appear on my skin.

____ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.

____ I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To the best of my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo.

____ I acknowledge that I am 18 or older and that I have truthfully represented to my artist that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of XXXXXXX reasonably necessary to perform the tattoo procedure.

____ I acknowledge that I will leave the shop with my tattoo bandaged, and with recommended aftercare. I am not to leave any bandaging on longer than 1 hour and I agree to follow provided aftercare guidelines.

Below this Line to be Completed by Artist

Photo ID/Type: ___________________ ID# __________ D.O.B. __________

Name as Written on ID: ___________________________ Artist: __________

Placement/Description of Tattoo: ______________________________________

See Reverse

Artist’s Initials ______ Client’s Initials _______
Consent to Tattoo Procedure

Pigments Used:

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Artist’s Initials________  Client’s Initials________
(Studio Name XXXXXXXX)

Minor Consent to Tattoo Procedure

Client’s Name: ___________________________ Date: ___________________________

Address: ______________________________________ Client’s Age: ________

Parent/Guardian’s Name: __________________________

I acknowledge by signing this agreement that I am the legal parent/guardian of the minor ______________________ and I am willingly submitting to these procedures. I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

_____ If above minor has any condition that might affect the healing of this tattoo, I will inform the tattoo artist. Above minor is not pregnant or nursing. Above minor is not under the influence of alcohol or drugs.

_____ Above minor is does not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If above minor has any type of infection or rash anywhere on his/her body, I will advise the tattoo artist.

_____ I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether the above minor might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.

_____ I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that the above minor does not take proper care of his/her tattoo. I and the above minor have received aftercare instructions and I agree to monitor the above minor to ensure that he/she follows them while the tattoo is healing. I agree that any touch-up work needed, due to the above minor’s own negligence, will be done at my own expense.

_____ I realize that variations in color and design may exist between any tattoo as selected by the above minor and as ultimately applied to his/her body. I understand that if the above minor’s skin color is dark, the colors will not appear as bright as they do on light skin.

_____ I understand that if the above minor has any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to the tattoo.

_____ I acknowledge that a tattoo is a permanent change to the above minor’s appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, the above minor does not have a physical, mental or medical impairment or disability which might affect his/her well being as a direct or indirect result of his/her decision to have a tattoo.

_____ I consent to the application of the tattoo on the above minor and to any actions or conduct of the representatives and employees and contractors of XXXXXXX reasonably necessary to perform the tattoo procedure.

Therefore, I request the Tattoo Artist to tattoo my son/daughter’s ___________________________. I agree to release and forever discharge and hold harmless the Tattoo artist, XXXXXXX and all employees and contractors from any and all claims, damages or legal actions arising from or connected in any way with his/her tattoo, or the procedure and conduct used in his/her tattoo.

By my signature below, I certify that I am the parent legal guardian of ___________________________, who is willingly submitting to these procedures.

Guardian’s Signature: ___________________________ Date: ___________________________

Artist’s Initials ______ Client’s Initials ______
(Studio Name XXXXXXXX)
Minor Consent to Tattoo Procedure

Below this Line to be Completed by Artist

Guardian’s Photo ID/Type: __________________________ ID# ______________ D.O.B. ______________

Name as Written on ID: ____________________________________ Artist: _______________________

Minor’s Photo ID/Type: __________________________ ID# ______________ D.O.B. ______________

Minor’s Name as Written on ID: ________________________________

Placement/Description of Tattoo: _______________________________________________________

Pigments Used:

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Artist’s Initials _______ Client’s Initials _______
(Studio Name XXXXXXXX)
Consent to Pierce/Release of Claims

By signing this form, I acknowledge that I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing from XXXXXX. All my questions have been answered to my full and total satisfaction. I acknowledge that I have been advised of the matters set forth below and I agree as follows:

Please initial each of the following:

___ I do not have any conditions that might affect the healing of this piercing.
___ I am not pregnant or nursing.
___ I do not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the piercing, open wounds or lesions at the site of the piercing or HIV, AIDS, Hepatitis.
___ I have advised the piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge that it is not reasonably possible for the Piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing. I further acknowledge that such a reaction is possible.
___ I have truthfully represented to the Piercer that I am the age of 18 or older.
___ I am not under the influence of drugs or alcohol.
___ To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have a piercing done at this time.
___ I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to my appearance. No representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.
___ I acknowledge that infection, rejection, and/or allergic reaction is always a possibility as a result of obtaining a piercing. I have received aftercare instructions and I agree to follow all of them while my piercing is healing.
___ If I am receiving a surface anchor piercing/derma piercing, I acknowledge that it may take 4-24 months to heal completely.
___ I understand I will be pierced using appropriate instruments and sterilization.

I ___________________________ request the Piercer to pierce my ___________________________.

(Print Name)

I understand this piercing usually takes ________ months or longer to heal. I agree to release and forever discharge and hold harmless XXXXXX, the Piercer, and all employees of XXXXXX from any and all claims, damages, or legal actions arising from or connected in any way with my piercing, or the procedure and conduct used in my piercing.

Client’s Name: ___________________________ Date: ___________________________

Address: ___________________________

Client’s Age: ________ (If under 18, Minor Consent Form signed by a parent/guardian MUST be completed)

Client Signature: ___________________________

Piercer’s Initials ________ Client’s Initials ________
(Studio Name XXXXXXXX)
Consent to Pierce/Release of Claims

Below this Line to be Completed by Piercer

Photo ID/Type: ___________________ ID# ___________________ D.O.B. ___________________

Name as Written on ID: ___________________________________________ Piercer: ___________________

Jewelry Size/Style/Material Inserted: ________________________________

Jewelry Manufacturer: ____________________________________________

*Mill Certificates on File and Available Upon Request

Piercer’s Initials _______  Client’s Initials _______
(Studio Name XXXXXXXX)

Minor Consent to Pierce/Release of Claims

I ____________________________, the parent/legal guardian of ____________________________, requests XXXXXXXX to pierce my son and/or daughter. In consideration of doing so, I fully understand THE PIERCER DOES NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestions made to me are NOT to be construed as/or substituted for advice from a medical professional. I acknowledge by signing this Release I have been given the full opportunity to ask any and all questions which I might have about obtaining a piercing and all my questions have been answered to my full and total satisfaction. I acknowledge I have been advised of the matters set forth below and I agree as follows:

_______ My child is not pregnant or nursing. He/She does not have any condition that might hamper healing of the piercing.

_______ He/She does not suffer from medical or skin conditions such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the piercing or any open wounds or lesions at the site of the piercing.

_______ I have advised the Piercer of any allergies to metals, latex gloves, soaps and medications. I acknowledge it is not reasonably possible for the Piercer to determine whether He/She might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.

_______ My Child is not under the influence of drugs or alcohol. To my knowledge, He/She does not have any physical, mental or medical impairment or disability which might affect his/her well-being as a direct or indirect result of my decision to have a piercing done at this time.

_______ I acknowledge that obtaining this piercing is my child’s choice alone and will result in a permanent change to his/her appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.

_______ I acknowledge infection is always possible as a result of obtaining a piercing. My child and I have received aftercare instructions and We agree to follow all of them while the piercing is healing.

_______ I understand he/she will be pierced using appropriate instruments and sterilization.

Therefore, I request the Piercer to pierce my son/daughter’s ____________________________. I understand this type of piercing usually takes ________ Months or longer to heal. I agree to release and forever discharge and hold harmless XXXXXXXX and all employees and contractors from any and all claims, damages or legal actions arising from or connected in any way with my piercing, or the procedure and conduct used in his/her piercing.

By my signature below, I certify that I am the parent legal guardian of ____________________________, who is willingly submitting to these procedures. Date: ____________________________

Signature of Parent/Guardian: ____________________________  Print Name: ____________________________

Signature of Minor/Piercee: ____________________________  Print Name: ____________________________

Piercer’s Initials: __________  Guardian’s Initials: __________
(Studio Name XXXXXXX)

Minor Consent to Pierce/Release of Claims

Below this Line to be Completed by Piercer

Guardian ID/Type: ______________________________ ID# ______________________________ D.O.B. ______________________________

Guardian Name as Written on ID: __________________________________________

Minor ID/Type: ______________________________ ID# ______________________________ D.O.B. ______________________________

Minor Name as Written on ID: __________________________________________

Piercer: __________________________________________

Jewelry Size/Style/Material Inserted: ______________________________

Jewelry Manufacturer: __________________________________________

*Mill Certificates On File and Available Upon Request

Piercer’s Initials _______ Guardian’s Initials _______
(Studion Name XXXXXXXX)

Consent to Permanent Makeup Procedure

Client’s Name______________________________________ Date________________

DOB______________________________________ E-Mail __________________________________

Address________________________________________________________

Phone______________________________________ May we contact you at this number?  ____ yes _____ no

I,_________________________________________am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

Procedure(s):________________________________________________________

Cost of Procedure(s):
I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fading or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). X____

There is a possibility of an allergic reaction to pigments. A patch test is available upon request however it does not ensure a client will not have an allergic reaction. I waive______(initial) the patch test. I release the technician from liability if I develop an allergic reaction to the pigment.

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. X____

I have received post-procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor’s instructions before contemplating any permanent cosmetic procedure around my lips. X____

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

Client:______________________________________ Date________________

Dermatologist:______________________________________ Date________________
(Student Name XXXXXXXX)
Consent to Permanent Makeup Procedure

If you are having Lip Liner or Lip Color:

Have you ever had a cold sore? _____ yes ____ no
If YES, you are advised to contact your physician for a prescription of Zovirax or similar which is an antibiotic that can help prevent cold sores. In addition it is recommended that you take this prescription for 5 days prior to your procedure.

I have read the above information regarding Zovirax and I understand the recommendations stated by Eve’s Ink:

Client Signature: _____________________________ Date: _______________________________

For Eyeliner:

Do you wear contact lenses? _____yes _____no
You will be required to remove your contact lenses for the procedure and Eve’s Ink recommends you do not wear them for at least 24 hours after the procedure.

For all Procedures:

Do you take antibiotics when going to the dentist? ____yes ____ no
If YES please detail why: ____________________________________________________________

Please check if you have any of the following:

____ Allergies  Describe: ____________________________________________________________
____ Moles or freckles at the site of the procedure
____ Hepatitis
____ Diabetes
____ Hemophilia
____ Scarring/Keloids
____ HIV/Aids
____ Other medical condition you feel might affect the procedure
   Explain: ____________________________________________________________________

Are you taking any medications that thin the blood? _____yes _____ no
Be advised if you do take blood thinners you are more likely to experience localized bruising due to the procedure.

Are you pregnant or nursing? _____yes _____ no

If there is any other information you feel would be beneficial for the dermatician to know prior to the procedure please not it below:

_____________________________________________________________________________
_____________________________________________________________________________

Client Signature: _____________________________ Date: _______________________________
(Studio Name XXXXXXX)

Consent to Permanent Makeup Procedure

Client’s Name: ___________________________ Date: ______________

Address: ____________________________________________________________

Client’s Age: ________ (If minor, Minor Consent to Tattoo Form signed by a parent or guardian MUST be attached)

Client Signature: _____________________________________________________

PROCEDURE(S) DESIRED:

☐ Eyeliner  ☐ Eyebrows  ☐ Lip Line  ☐ Full Lip Color  ☐ Areola
☐ Beauty Mark  ☐ Skin Repigmentation  ☐ Other ______________

If you selected “other” please explain: ______________________________________

Please read and initial the following statements:

______ I understand that the process used to apply color is not a one-step process and requires subsequent visit to achieve desired results. I further understand that the fee include my first visit and ONE perfecting visit. Maintenance touch-ups are scheduled as needed and may vary from six months to three years. Fees for maintenance visits, pigment replacements, and scar camouflage are based on a hourly fee.

______ I understand that over time pigment may fade and change color according to metabolism, skin type, medications, age, smoking, alcohol, sun exposure, Retin-A and Glycolic acids.

______ I acknowledge that no guarantees have been made to me concerning the results of this procedure and that the professional recommendation is a natural look.

______ I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments. I understand this is a tattooing process; not a science but an art.*

______ I have received and acknowledged post-procedure instructions and agree to strictly adhere to such instructions. I understand if I do not follow these procedures I may experience complications from the procedure including but not limited to fading, loss of pigmentation, severe swelling, etc.

______ I accept responsibility for determining color, shape, and position of the pigments to be applied I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin.

______ I understand the taking of before and after photographs of procedures are required and these photographs may be used by Eve’s Ink in advertisements, websites and other published media.

*The known possible complications from micro pigmentation are: redness, swelling, puffiness, bruising, dry patches and tenderness. It is normal to lose approximately 1/3 of the color during the healing process. After most procedures the color may be a shade too dark; in 6 days it will appear too light. After 10 days the color will show more initially. It will appear softer when completely healed, as the color will come from the dermal layer of the skin to the epidermal layer of the skin. The pigments used at XXXXXXXX contain no Iron Oxide or other metals so should have no negative effect during a CT or MRI scan.

Client Signature ___________________________ Date ______________
(Studio Name XXXXXXX)
Consent to Permanent Makeup Procedure

Below this Line to be Completed by Dermatician

Photo ID/Type: ___________________________ ID# ___________________________ D.O.B. ___________________________

Name as Written on ID: ___________________________________________ Dermatician: ___________________________

Placement/Description of Procedure: ___________________________________________

Pigment Information: Color(s)/Manufacturer/Lot Number: ___________________________

______________________________
Sample Standard Operating Procedures
(Studio Name XXXXXX)

Infection Prevention and Control Plan

Effective XXXXXX

Facility Information:

XXXXXX is located at (ADDRESS). The studio phone number is (PHONE NUMBER) and email (EMAIL). This is a permanent facility that provides (LIST SERVICES PROVIDED). The studio is owned by (OWNER) and is operated by (OPERATOR).

Decontamination and Disinfection Regulations:

All workstations and workstation furniture is to be made of cleanable, impermeable material. All surfaces being used in the immediate procedure will be covered with barrier film including but not limited to toolboxes and/or trays, armrests, client’s chair if the tattoo or procedure will be performed over that area, water bottle, clip cord, lamp and armrests. This barrier film will be removed and disposed of immediately following the procedure.

After all procedures the area is to be cleaned with Matacid using a disposable towel to wipe the area. This will include workstation chairs, toolboxes and/or trays used during the procedure, armrests, headrests, procedure area, tattoo machines, water bottle, and any reusable instruments that were covered with barrier film during the procedure.

Needles are to be disposed of in the designated sharps container immediately following all procedures. Skin marking pens and other single use items will be disposed of in the trash immediately following the procedure.

Steel grips and tubes, calipers, hemostats, piercing clamps, and receiving tubes are considered reusable instruments. These will be cleaned following the below steps:

1. Disassemble or open the item if hinged
2. Scrub with antibacterial soap and water
3. Soak in Alconox for at least 20 minutes
4. With clean gloves on, scrub with antibacterial soap and water
5. Soak in Alconox for at least 20 minutes
6. With clean gloves on, rinse and pat dry
7. Run in the Ultrasonic per manufacturer’s instructions
8. With clean gloves on, rinse and let air dry
9. Once dry, with clean gloves on, package in sterile packs and date each pack indicating the day it is placed in the autoclave
10. Run in the autoclave per the manufacturer’s instructions
11. Run the “extra dry” cycle
12. Once cooled place items in a closed drawer
13. If sterilized instruments are not used regularly they shall be re-sterilized at intervals of no more than six months from the date of the last sterilization.

A sterilizer log will be maintained indicating the following information:
  o Date of load
  o Practitioner’s name
  o General contents of the load
  o Exposure time and temperature

The autoclave will be tested weekly and any failures in this test will be remedied immediately by servicing the machine. Any items sterilized from the date the test was run to present will be opened and re-sterilized once the issue is corrected. During this time only disposable instruments will be used while the autoclave is being serviced and/or the issue is resolved.

Set up and Tear Down of Workstations:

Work stations will be set up in the following manner:

Tattoos and Permanent Cosmetics:

1. Put on clean gloves. Sanitize the workstation and all surfaces with which you will come into contact. Everything that will be touched or could be touched should be sanitized.

2. Remove and dispose of gloves and wash hands up to the elbow with soap and water for a minimum of 15 seconds at the closest sink (not the restroom).

3. In order to reduce the risk of cross contamination, all surfaces and equipment to be used during the procedure will be wrapped with barrier film

1. The artist will prepare the station with all items that are expected to be used during the procedure to minimize interruption once the procedure begins. All expiration dates will be checked. Items prepared are including but not limited to:
   a. Machines
   b. Needle tubes
   c. Sterilized needles
   d. Ink caps
   e. Paper towels
   f. Single use marking pen
   g. Ointment used during the procedure

2. Pigment will be poured into individual caps in front of the client. In addition, needles, needle tubes and other sterile items will only be opened in front of the client while wearing gloves.

3. Clean gloves will be put on prior to beginning the procedure.
Piercing:
1. A barrier film and a paper towel will be placed on the tray with the following items on it:
   a. Disposable cup with alcohol
   b. Disposable cup with peroxide
   c. Disposable cup with anti-bacterial mouthwash (if performing an oral piercing)
   d. Spray bottle of green soap
   e. Q-tip with iodine on it
   f. Hemostats, Calipers, Clamps, Receiving Tube, etc. if needed
   g. Sterilized needle(s)
2. Sterilized needles, hemostats, clamps, calipers, receiving tubes, etc. will only be opened in front of the client.

All work stations will be torn down in the following manner:
1. Wearing clean gloves all needles will be removed and placed in the designated sharps container
2. All disposable items will be collected and placed in the appropriate trash receptacle
3. All reusable equipment will be removed from the workstation and cleaned per the above instructions
4. Remove the contaminated gloves and replace with clean gloves
5. The entire workstation will be sprayed with Matacide which will be allowed to sit for at least 1 minute
6. Wearing clean gloves, clean paper towels will be used to wipe all surfaces, machines and equipment used during the procedure
7. Remove the contaminated gloves and place a lid on the trash can

Needles, razors and other sharps will only be disposed of in designated sharps containers only.

Procedure Specifications:

Prior to any procedure, the client will complete the appropriate consent form and provide their ID to the artist/piercer for verification.

When tattooing a client, the following procedures will occur:

1. Artist will wash hands in the closest sink (not the restroom)
2. Wearing clean gloves, the area will be shaved if needed using a single, disposable razor
3. Area to be tattooed will be cleaned with Green Soap and an antiseptic (Bactine)
4. Stencil will be placed using Stencil Stuff or an equivalent product
5. Wearing clean gloves, the artist will perform the tattoo using safe practices to avoid cross contamination. If the artist touches anything outside of the work station, he/she will replace their gloves with clean ones.
6. Area will be cleaned using distilled water then Bactine and allowed to air dry
7. A thin layer of designated ointment will be smoothed over the area and a clean, a sterile, non-stick bandage will be placed over the tattoo and secured with medical tape.
8. Artist will wash hands in the closest sink (not the restroom)
9. Artist will give the client written and verbal aftercare instructions.

When piercing a client, the following procedures will occur:

1. Piercer will wash hands in the closest sink (not the restroom)
2. Wearing clean gloves, the area to be pierced will be cleaned with green soap then iodine
3. Piercing will be performed using single use, sterile needles and sterile clamps, hemostats, receiving tube etc.
4. Sterilized implant grade Stainless Steel or Titanium jewelry will be placed in the new piercing. Jewelry may be sterilized in the steam autoclave, by soaking it in Alconox or by soaking it in alcohol.
5. Pierced area will be cleaned with peroxide.
6. Piercer will wash their hands in the closest sink (not the restroom)
7. Piercer will give the client written and verbal aftercare instructions.
Sample Written Statement from Operator
TO: Whom it May Concern
FROM: (NAME) Owner, Operator
(STUDIO NAME XXXXXX)
Date: (DATE)

I attest that I have read and understand, and swear to adhere to, all applicable codes and laws regarding the operation of a Tattoo and Piercing Studio in Warren County, Ohio.
Sample Lab Report:
Steam Autoclave
# Autoclave Log

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<th>Employee Initials:</th>
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Load Description:

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Staple Control Pack Here

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<td>Test #:</td>
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<td>Result:</td>
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<td>Details:</td>
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</table>

Thank you,
The Mesa Labs Team
Sample Aftercare Instructions
(Studio Name XXXXXX)

Tattoo Aftercare Instructions

1. As soon as you get home, remove any bandaging and gently wash with cold water and a mild antibacterial soap using only your clean hands. Let the area air dry. Do NOT re-bandage the area and Do NOT leave bandaging on longer than 1 hour.

2. First 3 days gently wash with a mild antibacterial soap 2 to 3 times daily and apply a thin layer of H2Ocean to the area.

3. After 3 days, continue to use H2Ocean or use a non-scented, white hand lotion as needed until the skin returns to its pre-tattoo condition.

4. Do not soak your tattoo in a tub, sauna, Jacuzzi, pool, or other body of water. Do not go swimming while your tattoo is healing. Showers are fine.

5. Stay out of sunlight and tanning booths until the tattoo is healed completely. This will take at least 10-14 days.

6. Extreme sun and exposure over the years can and will fade your tattoo. We recommend you always use a strong sunscreen, at least SPF 25, any time the area will be in the sun after it heals.

7. Your tattoo will begin to look and feel dry. There will be some flaking and the area may itch. Do not rub or pick the area while it is healing. If you do pick or rub at the area, loss of color and/or infection may occur.

8. Your tattoo should heal completely in about 2 weeks. Redness and tenderness the first few days after the procedure is normal. Consult a physician if you experience excessive redness at the site, green or yellow discharge, and/or a fever.

9. If you have any questions or concerns during the healing process please contact your artist.

10. You may receive one free touch up in the first 6 months after the initial procedure. However if your tattoo needs touch up due to neglect on your part, we reserve the right to charge a set up fee. This free touch up does not apply to white ink tattoos or finger tattoos.
(Studio Name XXXXXX)

Body Piercing Aftercare Instructions

What to Expect:
- Initially you may experience some bleeding, localized swelling, tenderness or bruising.
- During the healing process there may be some discoloration, itching, secretion of a whitish-yellow fluid that will form a crust on the jewelry (not pus), and tightening around the jewelry as it heals. It is imperative that you include cleaning your piercing as part of your daily hygiene routine.
- Once healed the jewelry may not move freely in the piercing. DO NOT force it.
- A piercing may seem to be healed before the healing process is complete. This is because piercing heal from the outside in. Because of this the tissue remains fragile on the inside. Be patient and follow aftercare procedures throughout the entire healing period.

In order to allow your piercing to heal properly the following aftercare instructions must be followed:
- Wash your hands prior to touching the piercing. Leave it alone except when you are cleaning it. It is not necessary to rotate jewelry while it is healing except during cleaning.
- Make sure your jewelry and skin are free from any discharge before you attempt to move jewelry. Crusty matter may be forced into the piercing if it is not cleaned off first.
- Make sure your bedding is kept clean and changed regularly. Wear clean, comfortable, breathable clothing that protects your piercing while sleeping.
- We advise you to shower rather than take a bath because bathtubs tend to harbor bacteria.

Cleaning Instructions:
- Wash your hands thoroughly prior to cleaning or touching on or near your piercing.
- Use a saline solution (we recommend H2Ocean Saline Spray) to soak the area at least 2-3 times a day.
  -If you choose not to purchase H2Ocean Aftercare, follow the following directions to make a Saline Solution: Dissolve ¼ teaspoon of non-iodized sea salt into one cup of warm distilled or bottled water.
  -Invert a cup of the warm saline solution over the area to form a vacuum for a few minutes. The longer you soak the better. If the piercing is in a location where you cannot invert a cup, soak fresh gauze or a cotton ball in the saline solution and place over the area.
- Wash area with a mild soap no more than twice a day.
- Dry the area with disposable paper products such as gauze or tissues. Don’t rub to dry, pat gently to avoid trauma.

Things to Avoid:
- Avoid undue trauma such as friction from clothing, excessive motion of the area, or playing with the jewelry.
- Avoid the use of alcohol, hydrogen peroxide, Betadine, Hibiclens or ointments.
- Do not over clean, this can cause a delay in your healing time and will irritate your piercing.
- Avoid all oral contact, rough play, and contact with bodily fluids.
- Avoid stress and recreational drug use including excessive caffeine, nicotine, and alcohol.
- Do not submerge your piercing in bodies of water such as lakes, pools, Jacuzzis, etc. during the healing process. If you must submerge the area protect it using a special water-proof bandage which is available at drug stores.
- Avoid all beauty and personal care products on or around the piercing including cosmetics, lotions, sprays, etc.
- Don’t hang charms or any other objects from your jewelry until the piercing is fully healed.
- Avoid removing or changing your jewelry until the healing process is complete. If you must temporarily remove your jewelry, please contact your piercer.
(Studio Name XXXXXX)
Body Piercing Aftercare Instructions

Area Specific Tips:

**Naval:** A hard, vented eye patch, found at most pharmacies, can be applied under tight clothing or secured using a length of ace bandage around the body to avoid irritation from restrictive clothing, or impact during physical activities such as contact sports.

**Ear/Ear Cartilage and Facial:** Dress your pillow in a large, clean t-shirt and turn it nightly so that you are sleeping on a clean surface each night. Maintain cleanliness of your telephones, headphones, eyeglasses, helmets, hats, etc. that may come in contact with the pierced area. Use caution when styling your hair so that styling products do not come in contacted with the area.

**Nipple:** Support the area with a tight cotton shirt or sports bra, especially while sleeping, to provide protection for the pierced area.

**Genital:** In most cases you can engage in sexual activity as soon as you feel ready, however comfort and hygiene are vital. During the healing process all sexual activities must be gentle and you want to avoid bodily fluids from having contact with the area. Use condoms, dental dams, Tegaderm, etc., even on sex toys. You and your partner must wash your hands before touching on or near the piercing. Only use a NEW container of water based lubricant, do not use your own saliva. After sexual contact use a saline soak and clean water to clean the area.

Prince Albert and Apadravya piercing can bleed freely for the first few days so don’t be alarmed. When using soap to wash the area, urinate after cleaning any piercing that is near the urethra to flush the area.

**Tongue/Lip (Labret)/Cheek:** Swelling will normally occur within the first 72 hours. It is important to drink lots of cold water and gently suck on ice to help minimize the swelling. Use ice 30 minutes on/30 minutes off to help keep maximum blood flow. Don’t share plates, cups, or eating utensils with others. Also be sure to replace your toothbrush and keep it clean during the healing period. Do not place fingers, pencils, sunglasses, or other items in your mouth. Avoid excessive talking, playing with your jewelry and all oral sexual contact, including wet kissing, during the healing process.

Remember not to play with or excessively rotate your jewelry, particularly with a tongue piercing. Even after the healing process is complete, this can cause tooth and gum damage.

*Each body is unique and healing times vary considerably. If you have any questions or concerns during the healing process, please contact your piercer.*
Permanent Cosmetics Aftercare Instructions

For the first 7 days following application of all permanent cosmetics:

- Wash your face using only your hands and a mild soap. DO NOT USE A WASHCLOTH to wash.
- Rinse your face and gently pat dry.
- H2Ocean aftercare 3-4 times a day until the area has healed. Always wash your hands before applying or use a clean q-tip to apply it. DO NOT OVER APPLY! You only need enough to keep it moisturized. Too much can cause the area not to heal properly.
- We provide you with a new packet of H2Ocean aftercare. Do not use ointments you have at home as it will contain bacteria in it or it may effect the healing process.
- Do not apply any medicated ointments, Retinol A, Vitamin A, any product containing Glycolic or Lactic Acids, etc. while the area is healing. We recommend avoiding these products over the procedure area even after it is healed in order to prevent fading of the pigment color. White, unscented lotion is fine to continue using during the healing process.
- Other than cleaning and applying the aftercare do not touch the area while it is healing.
- Do not apply make-up to the procedure area. At the end of the first 7 days you can start to apply makeup but we recommend getting new tubes of mascara and new applicators, etc. as your old ones have bacteria in them.
- Do not expose the area to tanning beds or direct sunlight while it is healing. We recommend using sunscreen on all procedure areas after it is healed to prevent fading of the pigment color.
- The procedure area will become dry and itchy. Do not scratch or pick at the dry skin. Allow it to fall off naturally.
- One free retouch within the first 6 months after your initial appointment is included in the price of your procedure. This retouch can be done as soon as 3-4 weeks after the initial procedure.

Remember that all procedures will appear much darker and harsher initially. As the area heals it will peel and the color will soften. You will not see the actual color until approximately 14 days after the procedure.

If you have any questions or concerns during the healing process please contact your dermatician.
Although you must follow all General Aftercare instructions, there are some specific Aftercare instructions for each area:

**Lips:**
- If you have ever had a fever blister or cold sore we recommend that you take Zovirax, Famvir, or Valtrex or other anti-viral medication for a week before and after the procedure to prevent an outbreak.
- Drink through a straw for the first few days and avoid citrus fruits, greasy, salty or spicy foods until your lips are completely healed.
- Do not use a tooth whitening toothpaste and be careful not to allow a lot of friction between your toothbrush and your lips.
- We recommend that you do not smoke while your lips are healing.
- Avoid kissing, rubbing or friction to your lips until fully healed.
- Lips color will appear to all fall out as it peels. You will then see it reappear over the next week.

**Eyeliner:**
- Do not use an eyelash curler, dye your eyelashes or have eyelash extensions put in during the healing process.
- If you wear contacts you may find them to be uncomfortable for the first 24 hours. We recommend you wear glasses until your eyes are no longer irritated.
- Do not rub or scratch your eyes. If they are irritated you may use a sterile saline solution to rinse them with.

**Eyebrows:**
- Do not tint, dye, or wax your eyebrows during the healing process.

If you do not follow these aftercare instructions you may lose pigment or develop an infection. We cannot guarantee our work if you do not take care of it properly at home. As stated before, your fee includes one free touch up in the first 6 months however if your touch up is needed due to poor aftercare on your part we reserve the right to charge a set up fee.

Color will last 5-10 years depending on your daily routine, sun exposure and chemicals used on your face. Future color refreshers can be done at a reduced rate.