

ZenSations Medical Spa Services

- General and Photo Release -

Please read the following statements carefully.

If you have any questions or concerns, please do not initial/sign this form until you are completely satisfied. Your complete understanding of the process is of the utmost importance to us.

- ____ (Initial) Gina Lacagnina specializes in state of the art techniques that sometimes can require a touch-up. However, there are various skin types and undertones, and they all accept and retain pigment differently. Therefore, no guarantees can be made. Should I, as the Client, fall into the percentage of those who do not easily retain pigment, additional touch-ups may be necessary.
- ____ (Initial) I, as the Client, understand this procedure is a process and not an exact science. I agree to any required touch-up applications in order to achieve the desired results. If, after the first application, I, as the Client, decide I want to change or enhance any procedure, there will be an additional charge.
- ____ (Initial) I, as the Client, understand that in an extremely rare case that I may some time in my life become sensitive to the applied pigments and patch testing. Patch testing is usually done 3 days to 3 weeks in advance and will not pre-determine any future problems.
- ____ (Initial) Gina Lacagnina and ZenSations Spa is dedicated to Customer Satisfaction. However, Gina Lacagnina and ZenSations Spa employs a **NO REFUND POLICY** and I, as the Client, am fully aware of this policy. I understand payment in full is due at the time of service.
- ____ (Initial) I, as the Client, after being advised of possibly losing pigment in the applied procedure, I will strictly adhere to the instructions of my licensed Dermatician, Gina Lacagnina, along with the Pre and Post Care instruction sheets I have received in written form from ZenSations Spa.
- ____ (Initial) Prior to the procedure commencing, I, as the Client, will give the licensed Dermatician, Gina Lacagnina, my approval and will accept responsibility for pigment color and position of all permanent make-up on my eyebrows, eyes and lips.
- ____ (Initial) I, as the Client, understand that "Before" and "After" all applications of pigment there will be photos taken for file documentation. I consent to having these photographs taken.
- ____ (Initial) I, hereby give permission to ZenSations Medical Spa Services that they can take photographs before, during and after the procedure. I agree that these photos are the property of ZenSations Medical Spa Services and will remain their property. I further authorize them to use such photographs for teaching purposes, to illustrate scientific books, papers, lectures, and for promotional, informative, educational, or research purposes as long as my identity is not revealed.

I, as the Client, HAVE READ THE ABOVE STATEMENTS AND HAVE HAD THEM EXPLAINED TO MY FULL SATISFACTION. I COMPLETELY UNDERSTAND THIS CONSENT AND PROCEDURE FORM. I ACCEPT FULL RESPONSIBILITY FOR THESE OR ANY OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE COSMETIC PROCEDURE(S), WHICH IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT AND PROCEDURE FORM.

Client's Signature: _____ Date: _____

Dermatician's Signature: _____

CONSULTATIONS NOTES FOR _____

DATE _____ PROCEDURE(S) DESIRED _____

SWATCH OF TRADITIONAL COLORS CURRENTLY BEING USED

DIAGRAM AND EXPLANATION OF ANY AESTHETIC CORRECTIONS TO BE MADE

DATE _____ PROCEDURE _____ NEEDLE SIZE _____

PIGMENTS/COLORS/MANUFACTURERS _____

PIGMENT ADDITIVES _____ NUMBING USAGE _____

SPECIAL
OBSERVATIONS _____

DATE _____ PROCEDURE _____ NEEDLE SIZE _____

PIGMENTS/COLORS/MANUFACTURERS _____

PIGMENT ADDITIVES _____ NUMBING USAGE _____

SPECIAL
OBSERVATIONS _____

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