

## TATTOO AFTERCARE INSTRUCTIONS

please **initial**:

\_\_\_\_\_ Treat your new tattoo as you would an open wound. Keep it clean. Only touch healing tattoos with clean hands. Before touching or cleaning the tattooed area, wash hands thoroughly with antibacterial soap and water.

\_\_\_\_\_ 30minutes-1hour after your tattoo carefully remove the bandage. If the bandage sticks, wet the bandage to remove it. Do not rip it off. As soon as you remove the dressing, wash the tattoo thoroughly but gently with warm water and antibacterial soap. Air dry. With cleaned hands apply a very thin (not shiny, not sticky-only what absorbs into the skin) layer of ointment to the tattoo. Neosporin and Bacitracin are recommended, but please take care to only use products you know you have no adverse reactions to. Occasionally using Bacitracin and other similar ointments is too harsh for an individual. If you are someone more sensitive to these products consider Aquaphor or A+D ointment along with a soap for sensitive skin, and/or consult with your physician.

\_\_\_\_\_ Repeat cleansing 2-4 times per day and application of the ointment 1-2 times per day for 4-7 days. After 4-7 days, switch from ointment to unscented fragrance-free body moisturizer.

\_\_\_\_\_ Avoid sunburn, swimming, hot tubs, saunas, and steam baths while tattoo is healing. Itching and peeling are expected, but do not scratch or pick at the tattoo. Do not let your tattoo come in contact with surfaces likely to be dirty (gym equipment, desks, keyboards, etc). If you sweat make sure to clean your tattoo thoroughly and immediately after.

\_\_\_\_\_ The approximate healing time for tattoos is 2-4 weeks. Human bodies are highly individual and healing times can vary. Your tattoo should not hurt much worse than a sunburn, or behave differently than a scrape. If your tattoo causes more pain or discomfort than a sunburn or scrape, please contact your doctor immediately.

\_\_\_\_\_ If you are not sure about the way your tattoo is healing, give me a call and let me evaluate your tattoo's progress. Sometimes even a well cared for tattoo may need a small touch-up. Touch-ups may be needed for an area that did not heal well or needs a little more color added. The tattoo will need at least 4 weeks to heal prior to any touch-ups. Please contact me within 4 weeks of getting your tattoo if you think you need a touch up.

\_\_\_\_\_ Healing and caring for your new tattoo is YOUR (the client's) responsibility.

\_\_\_\_\_ **Consult your healthcare provider for:**

**Unexpected redness, tenderness or swelling**

**Rash**

**Unexpected drainage**

**Fever within the first 24-72 hours of the procedure**

**I have read and understand TATTOO AFTERCARE INSTRUCTIONS**

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## BODY ART DISCLOSURE FORM

please **initial**:

\_\_\_\_\_ Tattoos should be considered permanent; and the removal of tattoos may require surgery or other medical procedures.

\_\_\_\_\_ As with any invasive procedure, tattooing may involve possible health risks. These risks may include but are not limited to:

- possible pain, swelling, nerve damage
- possible hypertrophic scarring and/or keloid formation
- possible adverse and/or allergic reaction to ink/dye/pigment, soaps, ointments
- possible change in color of ink/dye/pigment over time
- possible decreased ability of physician to locate skin cancers in areas concealed by tattoos
- possible febrile illness, systemic infection and/or localized infection
- possible tetanus

\_\_\_\_\_ Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use. I am being given the opportunity to ask about, and request to witness all cleaning, set up and clean up before and after my tattoo.

\_\_\_\_\_ The inks, or dyes, used for tattoos are color additives. Currently no color additives have been approved by FDA for tattoos, including those used in permanent makeup.

The inks and dyes used at Five Sirens come from reputable distributors. If I have a concern about ingredients or allergies, I have the option to postpone my tattoo in order to research the ingredients and to consult with my physician.

I have the option to postpone my tattoo in order to complete a spot test offered at Five Sirens.

**Please choose and initial one:**

\_\_\_\_\_ A: A small amount of ink, ointment, soap, or anything else used during the tattoo that may be of concern is placed on the surface of the skin and allowed to sit for at least 24 hours to evaluate potential for a reaction.

\_\_\_\_\_ B: A small dot of ink is tattooed into the skin and allowed to heal for a minimum of 4 weeks to evaluate the potential for a reaction.

\_\_\_\_\_ C: I, (name) \_\_\_\_\_ do NOT wish to do a spot test or postpone my tattoo

*Please note a spot test is not considered %100 reliable and there is always possibility of allergic reaction to any substance. Reds and inks containing red pigment (pinks, oranges, purples, etc) are the most common inks to have reported reactions.*

\_\_\_\_\_ If I have any history of tattoo related allergic reactions, infections, or scarring it is NOT advisable to have a tattoo procedure.

\_\_\_\_\_ Blood donations cannot be made for a year after getting a tattoo or permanent makeup

\_\_\_\_\_ Pregnant and breast feeding women are advised NOT to have a tattoo procedure

\_\_\_\_\_ The Body Art Practitioner should

- Properly and thoroughly cleanse the area before the procedure
- Use sterilized equipment
- Use sterile techniques
- Provide information on the aftercare of the area receiving body art

### \_\_\_\_\_ HEALTH HISTORY AND INFORMED CONSENT

The following conditions may increase health risks associated with receiving body art:

- (a) diabetes;
- (b) hemophilia (bleeding);
- (c) skin diseases, lesions, or skin sensitivities to soaps, disinfectants etc.;
- (d) history of allergies or adverse reactions to pigments, dyes, or other sensitivities;
- (e) history of epilepsy, seizures, fainting, or narcolepsy;
- (f) use of medications such as anticoagulants, (such as Coumadin) which thin the blood and/or interfere with blood clotting
- (g) hepatitis or HIV infection

\_\_\_\_\_ Complaints may be filed with:

Dover Board of Health  
262 6th Street, Dover, NH 03820  
603 516-6038

**I have read and understand BODY ART DISCLOSURE FORM**

## CONSENT TO APPLICATION OF BODY ART PROCEDURE RELEASE AND WAIVER OF CLAIM

**Lauren Rose** (Five Sirens LLC)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Description of tattoo \_\_\_\_\_  
Location of tattoo \_\_\_\_\_

Please **initial** each item:

- \_\_\_\_\_ I have been given the opportunity to ask any and all questions I may have about obtaining a tattoo from Lauren Rose. My questions have been answered to my full and total satisfaction.
- \_\_\_\_\_ I have had a complete and satisfactory pre-procedural consultation prior to any body art procedure and the health risks associated with it.
- \_\_\_\_\_ I have received and read written TATTOO AFTERCARE INSTRUCTIONS and a BODY ART DISCLOSURE FORM. I acknowledge the necessity for following these instructions.
- \_\_\_\_\_ Obtaining a body art procedure is my choice. I consent to the application of a tattoo.
- \_\_\_\_\_ I understand that a tattoo is a permanent change and no representation has been made on the ability to later change or remove the tattoo.
- \_\_\_\_\_ I hereby take all responsibility for wording, punctuation, spelling, numbers, and correctness of names and dates in my tattoo.
- \_\_\_\_\_ I acknowledge that tattoos are performed by a human and therefore may have imperfections. It is my responsibility to stay still throughout the procedure to help minimize the risk of error.
- \_\_\_\_\_ I acknowledge that marks may blur, particularly in areas with high movement, scars, or stretch marks.
- \_\_\_\_\_ I understand my tattoo artist may end this procedure before my tattoo is complete if she feels I am in distress or unable to remain still. This is for my safety and hers.
- \_\_\_\_\_ I acknowledge that variations between the design and colors I selected and the tattoo as ultimately applied to my body may exist.
- \_\_\_\_\_ I acknowledge that infection and/or adverse reactions are possible, particularly in the event that I do not properly care for my tattoo.
- \_\_\_\_\_ I acknowledge that allergic reactions are a possibility and I consent to this risk.
- \_\_\_\_\_ I am not under the influence of drugs or alcohol
- \_\_\_\_\_ I am not pregnant or breast feeding
- \_\_\_\_\_ I have no history of skin disease, lesions, or sensitivities to soaps or disinfectants.
- \_\_\_\_\_ I have no history of allergies or adverse reactions to pigments, dyes, latex, nitrile, or other sensitivities.
- \_\_\_\_\_ I have no history of epilepsy, seizures, narcolepsy, or fainting.
- \_\_\_\_\_ I am not using medications such as anticoagulants which thin the blood or interfere with clotting.
- \_\_\_\_\_ I am free of communicable diseases such as HIV/AIDS and Hepatitis.
- \_\_\_\_\_ I have no history of hemophilia.
- \_\_\_\_\_ I have consulted with a physician about any concerns prior to receiving a tattoo.
- \_\_\_\_\_ I hereby witness that all tattoo equipment (needles, tubes, inks, etc) are new and/or sterile.
- \_\_\_\_\_ I have truthfully represented that I am at least 18 years old.
- \_\_\_\_\_ I give my artist permission to publish any and all photos/videos of my tattoo on social media and otherwise.

By signing this form I agree to release and forever discharge and hold harmless Five Sirens LLC, Lauren Rose, and owners, agents, independent contractors, and employees from any and all claims, damages, or legal actions arising from or connected in any way with this body art procedure. I confirm that I do not have a condition which will prevent me from receiving body art, and that I consent to the body art procedure. I am aware of the risks and have been given TATTOO AFTERCARE INSTRUCTIONS and a BODY ART DISCLOSURE FORM.

CLIENT SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

ARTIST SIGNATURE \_\_\_\_\_

ID on file for 2023 \_\_\_\_\_ ID copied on back of form \_\_\_\_\_ Payment Received today \_\_\_\_\_ cash \_\_\_\_\_ cc \_\_\_\_\_

