

Healing Ink

AFTERCARE

DO NOT PICK OR DISTURB THE CAMOUFLAGE / PIGMENTED AREA

It is important that any protective scabs remain intact during the healing process. Do not pick, scratch, or disturb the area.

PIGMENT & HEALING

Approximately **25%–40% of the pigment may fade** during the first several weeks of healing. The area may appear healed on the surface; however, full healing of the camouflage can take **2 to 10 months** (and may take longer for darker skin tones).

TEGADERM BANDAGES

If a Tegaderm bandage has been applied, it may be safely left on for **up to 7 days**.

Avoid all water activities while wearing Tegaderm bandages.

If skin irritation occurs, please contact me so we can find a solution.

THINGS TO AVOID

- No soap, shampoo, cleansers, or cosmetics on the treated area for **5 days**
- No saunas, steam rooms, baths, hot yoga, or excessive sweating for **at least 5 days**
- No swimming in chlorinated pools for **2 weeks**
- No direct sun exposure or tanning beds for **6 weeks**

Following these aftercare instructions is essential for proper healing and best results.

IMPORTANT AFTERCARE & DISCLAIMER

Everyone's skin heals differently, and results can vary based on skin type, lifestyle, and how well aftercare instructions are followed. Some pigment fading during the healing process is normal, and final results cannot be guaranteed.

To achieve the best possible outcome, it's important to carefully follow the aftercare instructions provided. I cannot be responsible for healing issues or pigment loss that result from not following these guidelines, pre-existing skin conditions, or individual skin responses.

If you have any questions or concerns during the healing process, or if something doesn't feel right, please reach out — I'm always happy to help guide you.

By receiving this service, you acknowledge that you have received and understand these aftercare instructions and agree to follow them to support proper healing and optimal results.

Healing Ink 1 (249) 779-9909

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Micropigmentation Informed Consent

CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Phone / Email: _____

Date of Procedure: _____

ONTARIO REGULATORY NOTICE

Paramedical micropigmentation is classified as a Personal Service Setting (PSS) procedure in Ontario and is regulated by local Public Health Units under Ontario Regulation 136/18.

This procedure is not a medical treatment, is not performed by a physician, and does not diagnose, treat, or cure any medical condition.

ABOUT THE PROCEDURE

Paramedical micropigmentation (also known as cosmetic or camouflage tattooing) is a semi-permanent procedure designed to improve the appearance of scars, skin discoloration, stretch marks, or other skin concerns by implanting pigment into the skin.

I understand that results vary based on skin type, scar tissue, medical history, lifestyle, and aftercare, and that multiple sessions are commonly required. No specific outcome can be guaranteed.

INFECTION PREVENTION & PUBLIC HEALTH COMPLIANCE

Healing Ink follows Ontario Public Health infection prevention and control standards, including:

- Use of single-use, sterile needles
- Proper hand hygiene and personal protective equipment
- Approved cleaning, disinfection, and sterilization practices

- Safe disposal of sharps and biomedical waste

I understand that while every reasonable precaution is taken, no procedure is completely risk-free.

POSSIBLE SIDE EFFECTS & HEALING

I understand that temporary side effects may include redness, swelling, tenderness, itching, bruising, dryness, scabbing, or temporary pigment changes. These are normal parts of the healing process.

I understand that:

- Pigment may fade or change over time
 - Infection is uncommon but possible
 - Healing outcomes cannot be fully predicted
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CLIENT HEALTH DISCLOSURE & RESPONSIBILITY

(Please initial each statement)

1. ____ I have disclosed all relevant health information, including but not limited to diabetes, immune or autoimmune conditions, blood disorders, cancer history, radiation or chemotherapy, skin conditions, or compromised healing.
2. ____ I have disclosed all medications and supplements, including prescription, non-prescription, and herbal products.
3. ____ I understand that Healing Ink may decline or postpone treatment if my health status or skin condition presents a risk.
4. ____ I understand that written medical clearance may be required prior to treatment in certain situations.
5. ____ I confirm that I am not pregnant or breastfeeding.

SCAR & SKIN-SPECIFIC CONSIDERATIONS

6. ____ I understand that scar tissue, grafted skin, radiated skin, or previously injured skin may heal unevenly or unpredictably.
7. ____ I understand that individuals prone to keloid or hypertrophic scarring may not be ideal candidates for micropigmentation.
8. ____ I understand that trauma, friction, inflammation, or sun exposure may result in hyperpigmentation or hypopigmentation, particularly for sensitive or melanin-rich skin types.

ALLERGIES & PATCH TEST

9. ____ I have disclosed all known allergies or sensitivities.
10. ____ Patch test acknowledgement (check one):
 - ☐ I ACCEPT a patch test
 - ☐ I DECLINE a patch test and accept responsibility for that decision

PREVIOUS WORK & CORRECTIVE PROCEDURES

11. ____ I have disclosed whether I have had previous tattooing or micropigmentation in the treatment area.
Previous work in this area: ☐ YES ☐ NO
12. ____ I understand that corrective or camouflage procedures involve additional risks due to unknown pigments, depth, age, or technique of previous work, and results cannot be guaranteed.

RESULTS, EXPECTATIONS & FUTURE PROCEDURES

13. ____ I understand that Healing Ink cannot guarantee colour match, symmetry, longevity, or final appearance.
14. ____ I understand that results are long-lasting but not permanent, and that removal or reversal may be difficult, costly, or unavailable.
15. ____ I understand that future medical or cosmetic procedures (including laser treatments, surgery, injections, radiation, or chemical treatments) may alter or degrade my results.

16. ____ I understand that pigment changes over time due to healing, lifestyle, sun exposure, skin changes, or medical treatments are not the responsibility of Healing Ink.

COLOUR APPROVAL & CONSENT

17. ____ I understand that I will review and approve the colour prior to treatment and accept responsibility for my final approval.
18. ____ I confirm that this procedure is my voluntary choice, and I consent to Healing Ink performing the procedure using professional judgment and accepted industry standards.

AGE REQUIREMENT

19. ____ I confirm that I am 18 years of age or older.
Healing Ink does not perform micropigmentation procedures on minors.

TOUCH-UPS, FEES & BUSINESS POLICIES

20. ____ I understand that multiple sessions may be required and that additional treatments may involve additional fees.
21. ____ I understand that any complimentary retouch must be completed within two (2) months of the initial procedure, unless otherwise stated in writing.
22. ____ I understand and agree to Healing Ink's cancellation, rescheduling, and refund policies, which have been provided to me.

PRIVACY & PHOTOGRAPHY (ONTARIO / PIPEDA COMPLIANT)

23. ____ I consent to before and after photographs being taken for confidential treatment documentation and stored securely in accordance with Canadian privacy laws.
24. ____ OPTIONAL: I consent to the use of my photographs for education or marketing purposes, with no identifying information disclosed.
☐ YES ☐ NO
I understand that I may withdraw this consent in writing at any time.

FINAL ACKNOWLEDGEMENT

I confirm that:

- I have read and understood this consent form in full
- I have had the opportunity to ask questions
- All questions have been answered to my satisfaction
- No guarantees or warranties have been made
- I am of sound mind and legally able to provide consent

Client Signature: _____ Date: _____

PRACTITIONER DECLARATION

I confirm that I have reviewed this consent form with the client, assessed the skin condition, answered all questions, and obtained informed consent prior to treatment, in accordance with Ontario Personal Service Setting requirements.

Practitioner Name: _____

Signature: _____ Date: _____