LOUISIANA TATTOO CONSENT & PROCEDURE RECORD

Railroad Ave Tattoo Studio Social Club

Louisiana-registered commercial body art facility

FACILITY LEGAL NAME: _____	**LDH FACILITY NO.:** _____
ADDRESS: _____	**PHONE:** _____ OPERATOR: _____

IMPORTANT TATTOO-INK REGULATORY STATUS DISCLOSURE

Tattoo inks are subject to U.S. Food and Drug Administration oversight as cosmetics; however, the FDA has not approved any color additives or pigments for injection into the skin. Louisiana regulates commercial body-art facilities and practices. No approval by the State of Louisiana or the FDA is represented for the inks listed in this record.

1. CLIENT IDENTIFICATION

CLIENT FULL LEGAL NAME: _____	**DATE OF BIRTH:** ____ / ____ / _____ AGE: _____
HOME ADDRESS: _____	**CITY / STATE / ZIP:** _____
PHONE: _____ EMAIL: _____	**PHOTO ID TYPE / NO.:** _____

2. PROCEDURE DETAILS

SERVICE DATE: ____ / ____ / _____ TIME: _____	**OPERATOR REGISTRATION NO.:** _____
BODY LOCATION: _____	**ESTIMATED SIZE:** _____
DESIGN / SERVICE DESCRIPTION: _____	**STENCIL / ART REFERENCE ATTACHED:** YES [ ] NO [ ]

3. HEALTH INFORMATION *Requested to support safe healing; explain any YES response below.*

Diabetes **YES [ ] NO [ ]**	Hemophilia / bleeding history **YES [ ] NO [ ]**
Skin disease, lesions, or sensitivity to soap/disinfectants **YES [ ] NO [ ]**	Allergy/adverse reaction to pigments, dyes, or skin products **YES [ ] NO [ ]**
Epilepsy, seizures, fainting, or narcolepsy **YES [ ] NO [ ]**	Pregnant or breast-feeding/nursing **YES [ ] NO [ ]**
Immune disorder / immunosuppression **YES [ ] NO [ ]**	Keloid or abnormal scarring history **YES [ ] NO [ ]**

EXPLANATION / MEDICATIONS / OTHER RELEVANT INFORMATION:

_____

_____

4. CLIENT DECLARATIONS AND INFORMED CONSENT

- I am not under the influence of alcohol or drugs and can knowingly consent.
- The treatment area has no sunburn, open lesion, rash, wound, puncture mark, psoriasis, or eczema that I have not disclosed.
- I understand tattooing intentionally breaks the skin and may involve pain, bleeding, swelling, bruising, infection, allergic reaction, pigment migration, scarring/keloids, granulomas, color change, and other complications. Bloodborne disease transmission is possible if infection-control practices fail.
- I understand the tattoo is permanent. Removal or alteration may be painful, costly, incomplete, and may cause scarring or discoloration. No specific result, color retention, or future appearance has been guaranteed.
- I have reviewed and approved the design, spelling, placement, and orientation before the procedure begins, and I authorize the tattoo procedure described above.
- I have answered the health questions truthfully, had an opportunity to ask questions, and will promptly disclose any change before the procedure.
- I received written aftercare instructions and understand that failure to follow them may increase risk. I will contact the operator or a qualified health care professional at the first sign of abnormal inflammation/swelling or possible infection.

5. PIGMENT / INK PROCEDURE RECORD *Complete for every color used; attach an additional page if needed.*

COLOR / SHADE	MANUFACTURER / BRAND	LOT / BATCH NO.	EXPIRATION (IF SHOWN)

OPERATOR CONFIRMATION
All inks/pigments recorded above were purchased from a commercial supplier or manufacturer. No product known to be banned or restricted by the FDA was used. Single-use portions and infection-control procedures were followed.

6. MINOR CLIENT - COMPLETE ONLY IF CLIENT IS UNDER 18

Louisiana requires the parent/tutor or other legally authorized guardian or custodian to be present, provide consent, and present proper identification. A facility or operator may still refuse service to a minor.

PARENT / TUTOR / GUARDIAN NAME: _____	**RELATIONSHIP / LEGAL AUTHORITY:** _____
ADDRESS (IF DIFFERENT): _____	**PHONE:** _____
PHOTO ID TYPE / NO.: _____	**MINOR ID / PROOF OF AGE:** _____
PROOF OF AUTHORITY REVIEWED: YES [ ] NO [ ] N/A [ ]	**PRESENT THROUGHOUT CONSENT / PROCEDURE:** YES [ ]

PARENT/TUTOR/GUARDIAN CONSENT: I affirm that I am legally authorized to consent for the minor identified above, that I am physically present, and that I consent to the tattoo procedure described in this record.

7. SIGNATURES AND FINAL VERIFICATION

_____ **CLIENT SIGNATURE** Date / time: _____	_____ **PARENT / TUTOR / GUARDIAN SIGNATURE (IF MINOR)** Date / time: _____
_____ **OPERATOR SIGNATURE** LDH registration no.: _____	_____ **WITNESS / STAFF SIGNATURE** Date / time: _____

8. WRITTEN TATTOO AFTERCARE - CLIENT COPY / ACKNOWLEDGEMENT

DRESSING USED	Traditional [ ] Adhesive film [ ] Other: _____
REMOVE / CHANGE	After _____ hours / on _____. Follow the operator's product-specific directions.
CLEAN	Wash hands first. Gently wash the tattoo with lukewarm water and mild, fragrance-free soap. Do not scrub. Pat dry with a clean disposable towel.
PROTECT	Apply only the product and amount directed by the operator: _____. Keep the area clean; wear loose, clean clothing.
AVOID	Do not pick or scratch. Avoid soaking, swimming, hot tubs, baths, and direct sun until healed. Do not apply unapproved products or share aftercare products.
GET HELP	Contact the operator or a qualified health care professional at the first sign of abnormal inflammation/swelling or possible infection. Seek urgent care for rapidly spreading redness, severe/worsening pain, pus, red streaks, fever, chills, trouble breathing, facial swelling, or another severe reaction.

Operator/studio contact for aftercare questions: _____ Phone: _____

CLIENT ACKNOWLEDGEMENT: I received these instructions verbally and in writing and understand them.

_____ **CLIENT / PARENT SIGNATURE** Date / time: _____	_____ **OPERATOR SIGNATURE** Date / time: _____