

Patient Consent for Clinical Intake and Treatment

I understand that I am completing a Clinical Intake Questionnaire in order to receive a prescription for certain over-the-counter topical medications, such as lidocaine cream, ointment, or spray, which may be used to reduce discomfort during a body art or cosmetic procedure. I confirm that all information I provide in the questionnaire is true, accurate, and complete to the best of my knowledge. I understand that the prescribing provider relies on my responses to determine whether it is medically appropriate to authorize this medication and that any incorrect or incomplete information I provide may increase the risk of adverse effects. I further understand that the prescribing provider is not performing my procedure and is only evaluating my eligibility for the medication.

I consent to treatment with these medications and acknowledge that they must be used strictly according to the instructions provided. I understand that application of the medication outside of the prescribed instructions—whether by me or by the artist performing the procedure—may result in harm, including serious injury or death. I acknowledge that excessive dosing, combining multiple anesthetic products, prolonged application, or use on broken or compromised skin can increase the risk of systemic absorption and toxicity. I understand that symptoms of adverse reaction may include dizziness, irregular or rapid heartbeat, confusion, numbness beyond the intended area, difficulty breathing, seizures, or loss of consciousness, and I agree to seek immediate medical attention should any of these occur.

I accept full responsibility for following all usage instructions and for ensuring that any artist or technician who applies the medication on my behalf does so only within the prescribed guidelines. I understand that use of these medications is optional and that I may choose to proceed with my procedure without them.

I understand that these medications are **not approved by the U.S. Food and Drug Administration (FDA) for use in body art, tattooing, or cosmetic tattoo procedures**. I acknowledge that their use in this context is considered **off-label**, meaning the medication is being prescribed for a purpose not specifically listed in its FDA-approved labeling. I understand that off-label use may involve risks that are not fully established or studied for this specific application. These risks may include skin irritation, allergic reaction, infection, excessive systemic absorption, cardiovascular effects such as abnormal heart rhythms, neurological effects including confusion or seizures, and, in rare cases, death. I acknowledge that improper use significantly increases these risks.

By indicating my agreement below, I confirm that I have read and understand this consent, that I have had the opportunity to review the information provided, and that I voluntarily consent to the

clinical evaluation and treatment described above, including acknowledgment of off-label use and associated risks.