

PERMANENT MAKEUP CONSENT FORM

Please read and initial all lines

I _____ am over the age of 18, I am not under the influence of drugs or alcohol and desire to receive the indicated permanent makeup procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s) and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).

I understand that there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Secondary infection in the area of the procedure may occur, however if properly cared for, is rare.

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable.

I understand that a skin test of the pigment is offered upon request and the test result is not viewed by a medical professional unless I make arrangements to have this done myself. A non-reactive skin test does not preclude an allergic reaction occurring at a future point in time.

I decline the skin test OR I request a skin test. (Please initial one of these options).

I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and injections may alter and degrade my Permanent Makeup. I further understand that such changes are not the responsibility of my technician.

I authorize my technician to obtain pre-procedural & post-procedural photographs and give my technician permission to use such photographs for publication and/or for teaching purposes, as they choose.

I have informed my technician of any existing health problems.

I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as the ability to later change or remove the results.

The fee for permanent makeup services has been explained to me and has been agreed upon. I understand that the total fee for services rendered is due upon completion of the initial procedure(s) and that there will be separate fees for any future modification of the design(s) or major color change(s).