

**PERMANENT MAKEUP CONSENT FORM**  
Please read and initial all lines

Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email you.

I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.

I understand that tattoos may cause MRI (Magnetic Resonance Imaging) artifacts and that there may be a warming and/or tingling sensation in the permanent cosmetic procedural area during the MRI due to the iron oxide properties of some pigments. It is understood that I should advise my physician that I do have permanent cosmetics in the event an MRI procedure is prescribed.

I accept the responsibility to explain fully to you my desire for specific colors shape, and position for any procedure done today and that there is a no refund policy.

I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch up session within 60 days.

I have received pre- and post-procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood-altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips.

I accept full responsibility for the decision to have this cosmetic tattoo work done.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize \_\_\_\_\_, as my permanent cosmetics technician to perform on my body the following procedures: \_\_\_\_\_

# of Visits: \_\_\_\_\_ Cost of Procedure(s): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_