



**CONSENT TO APPLICATION OF PERMANENT MAKEUP  
PROCEDURE**

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

PROCEDURE(S): \_\_\_\_\_

COST OF PROCEDURE: \_\_\_\_\_ NO. OF VISITS REQUIRED: \_\_\_\_\_

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, scarring, inconsistent color, spreading, fanning or fading of pigments. Comeal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. 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 concerns of the said procedure(s). X \_\_\_\_\_

There is a possibility of an allergic reaction to pigments. A patch test is advisable however it does not ensure a client will not have an allergic reaction. I release the technician from liability if I develop an allergic reaction to the pigment. X \_\_\_\_\_

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. X \_\_\_\_\_

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. X \_\_\_\_\_

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

X \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## **CONSENT AND RELEASE (PHOTOGRAPHY) AGREEMENT**

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow, Microblading, semi-permanent makeup application. If you have any questions, please don't hesitate to ask.

Although 3D Eyebrow Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure

This is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though semi-permanent.

All instruments that enter the skin or come in contact with body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch-Ups are likely needed every 6 months.

## **PHOTOGRAPHY RELEASE CONSENT**

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

**Yes, feel free to use them**

**No, please do not use them**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Special requests, concerns or remarks for the Artist: \_\_\_\_\_

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**Statement of Consent and Release (Microblading):**

**Please read & initial all lines**

\_\_\_\_\_ Aftercare instructions have been explained to me and a written copy has been 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 a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

\_\_\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

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

\_\_\_\_\_ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

\_\_\_\_\_ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

\_\_\_\_\_ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

\_\_\_\_\_ 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 30 days.

\_\_\_\_\_ I acknowledge that the proposed procedures(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

\_\_\_\_\_ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Touch-ups must be completed within 30 days of initial procedure.

\_\_\_\_\_ I have been quoted the cost of today's appointment, and the cost of the touch-up.

\_\_\_\_\_ 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). 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 *Ivy Walding*, as my Eyebrow Microblading technician to perform on my body the 3D Eyebrow Microblading procedure desired today.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_