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RENEWAL OF CONSENT FORM

NAME _____ AGE _____ DOB _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ HOME PH _____ WORK PH _____ CELL PH _____

I absolutely understand and accept that permanent cosmetic procedure is a process, often requiring multiple applications of color to achieve desirable results and that 100% success cannot be guaranteed. X _____

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 a touch up of the indicated permanent cosmetic procedure(s). X _____

PROCEDURE(S): _____

I have informed the technician of all the changes in my medical history (if any) since the date of the initial procedure and listed them on the Client Medical History Form. X _____

I have been informed of the nature, risks, and possible complications and consequences of permanent cosmetics (permanent skin pigmentation/cosmetic tattoo). X _____

I am aware that if I am to receive and MRI after the procedure, I must tell the Radiologist that I may have iron-oxide permanent cosmetics. If I am a lens wearer, I realize that I must keep my lenses out the day of an eye liner procedure. 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 permanent cosmetic procedure(s) performed.

CLIENT _____ DATE _____

TECHNICIAN/ARTIST _____ DATE _____