

Pretty Please Studio

2330 San Ramon Valley Blvd.
San Ramon, CA 94583 (415)320-0092

CONSENT / MEDICAL HISTORY / PHOTO RELEASE / WAIVER AGREEMENT (Please Print)

NAME _____ DATE: ____/____/____

ADDRESS _____ City _____ Zip _____

HOME PHONE:() _____ CELL: () _____

Age _____ Occupation _____ Email: _____

*REFERRED BY: _____

PROCEDURE DESIRED: EYE LINER UPPER____ EYE LINER LOWER ____

EYEBROWS____ LIP LINER____ FULL LIP COLOR ____

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PLEASE CAREFULLY READ AND RESPOND TO THE FOLLOWING:

PERSONAL HISTORY:

1. Do you wear contact lenses? yes____no____
(Please remove contacts prior to Eye Liner procedure.)

Have you ever taken or do you now take Accutane? (This is an acne medicine) Yes____No____
IF YES, last dose of Accutane taken: Month____Day____Year____

Please list your routine medications here (include herbs and vitamins):

3. Please circle the medications listed above that you took today. Please list any ADDITIONAL MEDICATIONS TAKEN TODAY, here:

4. Do you have any allergies? Yes____No____
List allergies here:

What allergic reaction do you experience with each allergy?

Do you have allergy related problems in wearing costume jewelry? Explain.

5. Do you have keloid scarring? (Keloids are big and puffy, exaggerated scars.)_____

6. Have you had surgery or laser treatment to your face? Yes ___ No ___ Date: _____

Describe area: _____

6a. Have you had Botox injections TO YOUR FACE? Yes ___ No ___

IF YES, location on face _____ When? _____

7. Are you currently under a physician's care? No ___ If Yes, explain _____

8. Are you required by your physician, to take antibiotics prior to visiting your dentist? Please explain _____

If you answered yes, you will need to contact your physician immediately to have him/her discern whether or not you should have this antibiotic prior to your permanent makeup cosmetic tattooing procedure.

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Print Name _____ **Date:** _____

Check any of the following which pertain to you. Describe any areas that you have checked, below in the comments section, which have not been addressed:

	YES	NO
Tested H.I.V. positive		
Contagious Diseases		
Hepatitis		
A.I.D.S. ___		
Glaucoma		
Hemophilia		
Hyper pigmentation		
Diabetes		
Lupus		
Possibly pregnant?		
Scleroderma		
Skin Disorders		
Tuberculosis		
Currently menstruating		
Allergies		
Heart problems		
Any Surgeries:		

Comments:

ATTENTION Lip Procedures only:

Have you ever had a fever blister/cold sore?_____If you answered yes, you must obtain a prescription from your doctor and take Zovirax as a preventative measure, prior to having a **lip procedure**.(or a procedure in any area where you have experienced a breakout.

Informed Consent:

Although Pretty Please Studio specializes in state of the art techniques that only require one touch-up, **THERE ARE VARIOUS SKIN TYPES AND UNDERTONES, AND ALL ACCEPT AND RETAIN PIGMENT DIFFERENTLY. THEREFORE, NO GUARANTEES CAN BE MADE.** All follow up touch ups must be completed within 8 weeks of the initial procedure. Should I fall into the percentage of those who do not easily retain pigment, additional touch-ups may be necessary. A \$50 fee will be charged for additional touch-ups within **THREE MONTHS** for eyebrows or eyeliner, and \$100.00 for lips. Thereafter between three months to six months, touch-ups will be \$200.00 for eyebrows or eyeliner, \$250.00 for lips (rates subject to change without notice).

PRETTY PLEASE STUDIO IS DEDICATED TO CUSTOMER SATISFACTION, HOWEVER, PRETTY PLEASE STUDIO EMPLOYS A 'NO REFUND' POLICY, AND I AM NOW AWARE OF THIS:

I agree, after being advised of possibly losing, fading or spreading of pigment in the applied procedure, I will strictly adhere to the instructions of Pretty Please Studio, described on the after-care instruction sheet which I have received.

Initials_____

I agree to receive a scratch test (performed directly on the area of treatment) which releases Pretty Please Studio from any liability related to any allergic or other reaction to applied pigments.

Initials_____

I consent to having 'before and after' photos of said procedures. These may be used for the purpose of documentation **Initials**____, and advertising. **Initials**_____.

My photos and related casework notes may be used for case studies performed by Pretty Please Studio and its representatives in the research and advancement of permanent cosmetics. **Initials**_____

Prior to any procedure, I will give Pretty Please Studio my approval and I will accept responsibility for pigment color and position of all permanent makeup on my eyebrows, eyeliner, and/or lips.

Signature_____ **Date**_____

Further, I agree that if instructed by any representative of Pretty Please Studio to see a physician, I will do so.

Signature_____

Your family doctor or dermatologist name, address, phone:

Do you already have permanent makeup or a tattoo on the body? Y/N

Name the location on the body and date the different tattoos and/or permanent makeup procedures:

1. Location: _____ Date _____

Received _____

Are you satisfied with the work which was done for you? Y / N

Explain:

2. Location: _____ Date _____

received: _____

Are you satisfied with the work that was done for you? Y / N

Explain:

3. Any other tattoos/permanent makeup received: please date, and describe here:

WAIVER AGREEMENT

I, (please print your name) _____, acknowledge that Pretty Please Studio has explained the nature of all related treatment procedures, including the risks and dangers inherent herein. I understand that permanent makeup is not an exact science and that pigments, though chosen carefully, are not always FDA approved for any type of tattooing. Also, even though I am receiving a skin test to rule out any immediate reaction to pigments used, it is possible that I could still have a reaction to pigments in years to come. I hereby consent to Pretty Please Studio performing the afore-noted treatment procedure on me and in consideration of their doing so, I hereby and forever discharge Pretty Please Studio, its officers and employees of and from all claims, demands, damages, actions and cause of action arising out of the performance of the said treatment procedures, which I, my heirs, executors, administrators, or assigns can, shall, or may have. Being of sound mind and body, I HEREBY RELEASE ANY AND ALL PERSONS REPRESENTING PRETTY PLEASE STUDIO FROM ALL RESPONSIBILITY. I accept all responsibility, myself, for any consequences that might stem from my decision to have any tattoo-related work done by Pretty Please Studio. I agree that these waivers also pertain to and are designed to protect any and all establishments where Pretty Please Studio conducts business. I accept the color, design and payment terms in and related to this contract.

Signature _____ Date _____