

LIP BLUSH CONSENT & CONTRACT

PERMANENT MAKEUP (PMU) SERVICES AGREEMENT

Yuya Lee Brow + Tattoo
iam@yuyalee.art
(262)599-0113

1. CLIENT INFORMATION

FULL LEGAL NAME [Client Name]	DATE OF BIRTH (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS
EMERGENCY CONTACT NAME & PHONE	

2. MEDICAL & HEALTH HISTORY ASSESSMENT

Please answer accurately. Certain conditions affect healing, pigment retention, or procedure safety.

Condition / Medical Factor	YES	NO	Details / Notes
History of Cold Sores / HSV-1 / Fever Blisters (CRITICAL)			Requires antiviral regimen prior to treatment
Currently pregnant, planning pregnancy, or nursing			Strict contraindication
Dermal fillers or lip injections in the last 4 weeks			Date of last treatment: _____
History of Hyperpigmentation or Keloid Scarring			Requires careful pigment selection
Diabetes (Type I or II) or Autoimmune Disorders			May delay healing time
Currently taking blood thinners, Aspirin, or Fish Oil			Increases bleeding & pigment loss
Accutane / Retin-A / Steroid use within last 12 months			Skin must be fully regenerated
Allergies to Lidocaine, Epinephrine, Latex, or Pigments			List allergies: _____
Chemical peels, laser treatments, or sun exposure recently			Must avoid within 2 weeks of service

COLD SORE MANDATORY WARNING: Lip tattooing can trigger a severe Herpes Simplex (HSV) outbreak even if you have only ever had one cold sore in your life. It is strongly advised that all clients obtain a prescription antiviral (e.g., Valtrex or Zovirax) from their physician to take 3 days prior to and 3 days post-procedure.

3. PRE-PROCEDURE DISCLOSURE & ACKNOWLEDGMENTS

- ☐ I confirm that I am at least 18 years of age and legally competent to sign this consent form.
- ☐ I understand that Lip Blush is a semi-permanent cosmetic tattoo process and results will vary based on individual skin type, metabolism, lifestyle, and aftercare compliance.
- ☐ I acknowledge that the procedure involves minor skin breakage and localized discomfort, swelling, redness, and minor bruising may occur.
- ☐ I understand that pigment colors will appear 30% to 50% darker and brighter immediately after application and will soften significantly over 4–6 weeks.

4. UNDERSTANDING THE HEALING PROCESS & EXPECTATIONS

Typical Healing Timeline:

- **Days 1–2:** Lips will feel tight, swollen, and vibrant. Color appears intense.
- **Days 3–5:** Light peeling and flaking occur. *Do NOT pick or scratch dry skin.*
- **Days 6–14:** Color may temporarily look "ghosted" or faded while new skin heals over top.
- **Days 15–30:** Pigment re-emerges and settles into the final healed tone.

- **Touch-Up Requirement:** A touch-up appointment is required 6 to 8 weeks after the initial session to perfect shape, density, and color. Touch-ups are billed separately unless explicitly stated in package agreements.
- **Color Match Disclaimer:** While every effort is made to achieve the desired tone, exact pigment outcome cannot be guaranteed due to underlying natural lip undertones (melanin, blue/purple tones). Dark lip neutralization may require multiple sessions.
- **Aftercare Compliance:** I agree to strictly follow all written aftercare instructions (avoiding water, sweat, makeup on lips, picking, and sun exposure during initial healing). Failure to comply may cause infection, scarring, or poor pigment retention.

5. FINANCIAL POLICY, CANCELATION & LEGAL CONTRACT

By signing below, I agree to the following legally binding business policies:

- **Non-Refundable Deposit:** A non-refundable booking retainer is required to reserve appointment time. Deposits are forfeited if canceled without [24/48 hours] advance notice.
- **Refund Policy:** Due to the time, single-use sterile supplies, and custom nature of permanent makeup, **no refunds** will be issued under any circumstances for completed services.
- **Photo & Media Release:** I grant permission for high-quality photography and video recordings of the treatment area to be taken before, during, and after the service for treatment records, promotional, and educational use. *(Initial if opted-out: _____)*
- **Release of Liability:** I hereby release, waive, and discharge the practitioner, studio, and property owner from any and all liability, claims, or demands arising out of adverse reactions, infections, dissatisfaction with color/shape, or unpredicted healing outcomes resulting from this procedure.

6. CLIENT CONFIRMATION & SIGNATURES

I have read this document in its entirety, understand all terms, and have had the opportunity to ask questions. I confirm that all health history statements provided above are complete, true, and accurate.

CLIENT SIGNATURE

DATE (MM/DD/YYYY)

PRACTITIONER SIGNATURE & LICENSE #

DATE

PRACTITIONER TREATMENT RECORD (INTERNAL USE)			
PIGMENT BRAND/COLOR:	NEEDLE CONFIGURATION:	ANESTHETIC USED:	BATCH / LOT #:
_____	_____	_____	_____