



Powder Brow Medical Release Form

Client & Date

Address

Phone: _____ **Email:** _____

Are you currently under the care of a physician?

If yes, please explain.

Have you had any Alcohol, Ibuprofen, aspirin, Vitamin E or fish oil in the past 7 days?

YES / NO

Please Answer The Following Questions to Avoid Complications:

YES/NO Are you pregnant, nursing or lactation?

YES/NO Have you ever had a cold sore, fever blister or history of herpes?

YES/NO Are you a smoker?

YES/NO Are you now or have you ever been on Accutane?

YES/NO Are you required to take antibiotics before dental or medical procedures?

YES/NO Do you have a heart condition or diabetes?

YES/NO Do you wear contact lenses?

YES/NO Are you scheduled to have a chemical or laser peel? If so, when?

YES/NO Do you currently use any exfoliating products (Retin-A, glycol, or alpha hydroxy acid)?

YES/NO Have you had any injectable treatments such as Botox, Restylane, Juvederm, etc?

YES/NO Do you have any problems with healing?

YES/NO Have you had permanent makeup or tattoos before? If yes, where? _____

YES/NO Have you had any complications with previous tattoos or permanent makeup?

- YES/NO Have you been advised by your doctor not to undergo tattooing?
- YES/NO Are you currently undergoing radiation or chemotherapy?
- YES/NO Are you currently taking an Anti-Inflammatory, Steroids, or Immunosuppressive Medications?
- YES/NO Do you have any allergies to products containing "Caine?" (ie: Microcaine, Lidocaine)
- YES/NO Do You have a history of skin diseases? If yes, please explain

YES/NO Are you allergic to any metals?

List ALL medications and supplements both prescription and over the counter that you are currently taking:

PLEASE CIRCLE IF YOU HAVE A HISTORY OF ANY OF THE FOLLOWING CONDITIONS:

Heart condition

Ocular Herpes

Glaucoma

Allergies to Makeup

Any Form of Cancer

Kidney Disease

Accutane Treatments

Auto immune Disorders

Dry Eyes

Keloid or Hypertrophy

Scars

Diabetes

Stroke

Hepatitis

Aids or HIV

Hemophilia or Excessive Bleeding

Hyper-Pigmentation (darkening of skin)

Hypo-Pigmentation (lightening of the skin)

OTHER _____

INFORMED CONSENT/Medical Release

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand that permanent skin pigmentation procedures have known and unknown complications and consequences, including but not limited to: slight discomfort associated with procedure, infection, scarring, inconsistent color, spreading, fanning or fading of pigments, temporary bleeding, bruising, swelling, fever blisters following lip procedures (for those who are prone to fever blisters initially). Corneal 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. **The Practitioner (certified technician) makes no attempt to, or claim to, practice medicine.** I request the permanent skin pigmentation procedure(s) and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about any permanent cosmetic procedures from Ashlet Lanoue. I also acknowledge that all of my questions were answered to my complete and total satisfaction. I specifically acknowledge I have been advised, and agree as follows:

Initial _____ Should I have diabetes, epilepsy, hemophilia, a heart condition, or any other medical or skin condition that can interfere with the application or healing of my permanent cosmetic tattoo, I must reveal that information to my technician. I understand I must contact my doctor and bring a letter stating that it is safe to have my permanent makeup procedure.

Initial _____ I am not the recipient of an organ or bone marrow transplant or if I am I have taken the prescribed regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing, permanent makeup, or piercing.

Initial _____ I am NOT pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting permanent cosmetics.

Initial _____ I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure. I agree to accept the risk that such a reaction is possible.

Initial _____ 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 consent to waive the patch test. If waived, I release the technician from liability if I develop an allergic reaction to the pigment.

The known possible complications from micropigmentation are: redness, swelling, puffiness, bruising, scabbing, dry patches, and tenderness. It is normal to lose approximately 1/3 of the color during the healing process. After most procedures the color may be a shade too dark; in six days too light. After 10 days the color will show more than it did initially. It will appear softer when completely healed as the color will come from the dermal layer of the skin to the epidermal layer of the skin. **In the event of a CAT scan or MRI, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or a burning sensation may occur during the procedure.**

Initial _____ I acknowledge that complications are always possible as a result of the permanent makeup procedure, particularly in the event that post-procedure instructions are not followed.

Initial _____ I realize that my body is unique and the Practitioner cannot predict how my skin may react as a result of my procedure.

Initial _____ I acknowledge that the procedure will result in a permanent change to my appearance and that no

representations have been made to me as to the ability to later change or remove the result.

Initial _____ I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants, and/or injections may alter or degrade my permanent cosmetic procedure. I further understand that such changes are not the fault of the Practitioner (technician).. I further understand that such changes may not be correctable through further permanent cosmetic procedures.

Initial _____ I am fully aware that all of my procedures will be performed by a certified technician. I hereby agree to waive and release to the fullest extent permitted by law the Practitioner (technician) from ALL liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors, or assigned may have for personal injury or otherwise, including any ensuing results or complications direct/ and or consequential damages which result or arise from the application of my Permanent Cosmetic tattoo, whether caused by negligence or fault of the Practitioner (technician) or associates.

Initial _____ I agree to reimburse the Practitioner (technician) for any attorneys' fees and costs incurred in any legal action I bring against the Practitioner (technician) in which either the Practitioner (technician) is the prevailing party I have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.

Initial _____ I acknowledge that obtaining this permanent cosmetics procedure is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the Practitioner (technician), or any of the practitioners associates reasonably necessary to perform the procedure(s).

Initial _____ I understand that the process used to apply color is not a one step process and requires subsequent visits to achieve desired results. More than 2 sessions may be needed. I am aware results will not be finished until sessions are completed. I further understand that the fee includes my FIRST VISIT and 1 touch up within 8 weeks only. I acknowledge that additional touch up fees will be separate and amount depends on the timeliness of my additional appointments. ALL PAYMENTS ARE NON-REFUNDABLE.

Initial _____ I have received post procedure instructions and healing chart. I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure.

_____ I give my permission to Ashley Lanoue and MaxxCole, LLC to photograph me. This personal image may be used in her portfolios, website, and online media for educational, advertising, or lecturing purposes.

I HEREBY AFFIRM THAT I AM AN ADULT OF LEGAL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN NAME. I HAVE READ THE ABOVE AUTORIZATION, RELEASE AND AGREEMENT PRIOR TO ITS EXECUTION; I FULLY UNDERSTAND THE CONTENTS THEREOF. This agreement shall be binding upon me and my heirs, legal representatives and assigns. I, the undersigned Client/model, assign to you the copyright photography.

I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Signature: _____ Date: _____

Ashley Lanoue: _____ Date: _____