Permanent Makeup By Mary, Inc/MR NaturaLines Permanent Makeup

**Client Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Day/Cell Phone ( ) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ( ) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Email (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to leave message/text Y or N

Procedure Fee $\_\_\_\_\_\_\_\_\_Cash, Local Checks Only(ID required + copy of drivers license), Money Order, Credit Card (fee applies)

**RETURNED CHECKS/INSUFFICIENT FUNDS**

Under **Florida law**, any checks returned “**NSF**” (non-sufficient funds), “Account Not Found” or “**NSF** Unless Otherwise Indicated is a **worthless check** subject to prosecution under **Florida's** criminal statutes

**Informed Consent (Eyebrows)**

The nature and method of the proposed Permanent Makeup(PMU) (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fading or loss of pigment can may occur depending on your skin and lifestyle. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Mary Ritcherson and/or any associates. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

* 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; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. \_\_\_\_\_\_\_ (**initial**)
* **I understand that this is NOT Microblading & the procedure is done with a Digital device.** **\_\_\_\_\_\_(initial)**
* I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed **\_\_\_\_\_\_(initial)**
* I REQUEST a patch test (requires rescheduling) \_\_\_\_\_\_\_\_(**initial)** I declined patch test \_\_\_\_\_\_\_(**initial**)
* All subsequent procedures including the first touch up are an additional fee. \_\_\_\_\_\_\_ (**initial**)
* I realize that my body is unique and the practitioner or any of the practitioner’s associates cannot predict how my skin may react as a result of the procedure. \_\_\_\_\_\_\_ (**initial**)
* Red heads, blondes & fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not retain at all. Future appointments may not be performed. This is up to the discretion of the technician. \_\_\_\_\_\_(**initial) (Addendum required)**
* Results **WILL** appear softer as the treated area heals. The area/s treated **WILL NOT** look as DEFINED or as BOLD as the 1st procedure. The healing process can take 3-30 days. Everyone heals differently. **\_\_\_\_\_\_\_(initial)**
* Most procedures require 2 appointments & color boosts every 2 yrs to keep the color fresh. \_\_\_\_\_\_\_(**initial**)
* I acknowledge & understand that if I have **combination/oily/severely oily** skin the pigment **WILL** heal/appear much softer and can look more solid due the over-production of oil glands. The pigment WILL fade quicker, look blurred or more solid. I accept these risks and would like to proceed. **(Addendum required)** \_\_\_\_\_(**initial**)
* Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure. **(Addendum required)** \_\_\_\_\_\_\_ (**initial**)
* If you are in Menopause and suffer from hot flashes or your core temp runs hot, your pigment will/may fade, blur

or not retain. **(Addendum Required)\_\_\_\_\_(initial)**

* **Frequent exercising WILL cause the pigments to fade, blur or not retain at all. (Addendum required) \_\_\_\_\_\_(initial)**
* **The younger you start to have PMU done, the younger you will be when it can no longer be**

**performed due to scar tissue. \_\_\_\_\_(initial)**

I acknowledge & understand that pigment implanted on darker skin types ( i.e. Indian, African American, Filipino etc.) the pigment will appear softer and blend more with your own skins melanin (tones) and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. \_\_\_\_\_\_\_(**initial**)

* Alopecia clients- Due to the change in skin texture, pigments may WILL heal powdered.(Addendum required) **\_\_\_\_\_\_\_(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 later change or remove the result. \_\_\_\_\_\_\_(**initial**)
* I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner’s associates. I further understand that such changes in my appearance may not be correctable through further

Permanent Make-up procedures. \_\_\_\_\_\_\_ (**initial**)

* Thyroid Conditions & Medicines, **WILL** prevent the pigment from retaining, fade quickly, blur or change in color. I accept these potential risks & wish to proceed. **(Addendum required).** \_\_\_\_\_\_**(initial)**
* I ACKNOWLEDGE THAT **NO GUARANTEES** HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK. \_\_\_\_\_\_\_ (**initial**)
* I accept full responsibility for determining the color, shape and position of the brows that will be applied. Once the shape is approved and the pigment is implanted in the skin, you will not be able to change it. **\_\_\_\_\_\_(initial)**
* I understand the actual color of the pigment may vary due to the tone and color of my skin. \_\_\_\_\_ (**initial**)
* **How your body heals the treated area is 100% out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention can still happen depending on your skin type & lifestyle. This is NOT the fault of the technician**. **\_\_\_\_\_\_\_(initial)**
* **If you decide and approve a shape at the initial appt. and then later decide to change it at a touch up, it may not be possible. This is up to the discretion of the technician if it can be done. \_\_\_\_\_\_\_(initial)**
* If you have had tattoo removal prior to seeing Mary, due to scar tissue the pigment may not retain. Further procedures may not be an option and I understand there are NO REFUNDS and accept full responsibility and wish to proceed. \_\_\_\_\_**(initial)**
* **If you choose to go with a darker color for your brows at your initial appt. and later decide that you want to go lighter (lighten hair) it will not be possible to lighten the color. Removal may be your only option. \_\_\_\_\_\_(initial)**
* I understand that if any other technician applies permanent makeup over an area that was originally done by Mary; she will no longer perform future treatments. NO EXCEPTIONS! \_\_\_\_\_\_\_(**initial**)
* In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. \_\_\_\_\_\_\_(**initial**)
* I understand that if I do not abide by the strict after care, **I WILL ruin my results**. The After Care is crucial for optimum pigment retention and results.\_\_\_\_\_\_(**initial**)
* Permanent Makeup is an ART, NOT a science.  Client’s results will vary from person to person and using a pencil or powder may or will still be needed.  We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue. **\_\_\_\_\_\_(initial)**
* Touch ups will not be done any sooner than the required time recommended by the technician. \_\_\_\_\_\_\_**(initial)**
* I acknowledge that the obtaining of Permanent Make-up procedure(s) is my choice alone, and I consent to the application of the procedure and accept the all the risks. \_\_\_\_\_\_\_ (**initial**)
* Absolutely NO Refunds after services have been performed.\_\_\_\_\_\_**(initial)**
* I understand that at a certain point as the skin ages, PMU will no longer be performed. \_\_\_\_\_\_\_**(initial)**
* For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). APPROVE**\_\_\_\_\_\_\_ (initial)** DECLINE**\_\_\_\_\_\_(initial)**
* At some point (move or retirement), Mary Ritcherson will no longer do or offer procedures. It is up to the client to do their due diligence to find another technician that will take them on as a client. Some technicians may not work over another technician’s work. Mary Ritcherson is not responsible for finding another technician or making a referral.

This is the responsibility of the client to research and choose. \_\_\_\_\_\_\_**(initial)**

* **Are you pregnant, nursing, trying OR harvesting your eggs (IVF) to get pregnant? (Circle) YES NO I DON’T KNOW**

**PERMANENT MAKEUP BY MARY, INC CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT FOLLOWED \_\_\_\_\_\_\_ (initial)**

**I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding 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.**

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mary Ritcherson, CPCP, LFS Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_