



# PERMANENT MAKEUP INTAKE & CONSENT FORM

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Appointment Date & Time D: ____ / ____ / ____ T: ____   
--	--

### How did you hear about us?

- Google/Web Search   
  Yelp   
  Facebook   
  Instagram   
  Other: \_\_\_\_\_

### Procedures Desired:

- Eyeliner   
  Eyebrow   
  Eyeshadow   
  Lip Liner   
  Full Lip Color   
  Skin Pigmentation  
 Other: \_\_\_\_\_

### Health Questionnaire

Have you ever had cold sore/fever blisters?..... No    Yes

- If yes AND you desire to have your lips done, you must contact your physician for a prescription of ZOVIRAX capsules, an antibiotic which prevents cold sores/fever blisters..
- I have read the above information regarding ZOVIRAX and understand that it use is mandatory if I desire Lip Liner or Full Lip Color procedures.

Client's Signature: \_\_\_\_\_

Are you currently under care of a physician?..... No    Yes

- If yes, please explain: \_\_\_\_\_
- Physician Name: \_\_\_\_\_

Are you currently taking any medication?..... No    Yes

- If yes, please explain: \_\_\_\_\_

Are you pregnant?..... No    Yes

Do you wear contact lenses?..... No    Yes

Do you want an allergy/patch test?..... No    Yes

### Have you ever had one of the following (check any that may apply):

- Heart Problems   
  Acne   
  Eye Problems   
  Hypertension  
 Allergies   
  Diabetes   
  Skin Problems   
  Other: \_\_\_\_\_

For Staff				
Supplier	Instrument/Needle	Lot/ID #	Date Expiration	Invoice #

## **Permanent Makeup Disclaimer**

Semi-Permanent cosmetic tattooing is intended to last an average 2-3 years. On a rare occasion, there are risk associated with permanent makeup where the pigment may fade, spread, and/or migrate under the skin. Procedure may be uncomfortable. Although extremely rare, there could be an immediate or delayed allergic reaction to the pigment.

Permanent cosmetics cannot be performed if you are **pregnant or nursing**, or anyone **under the age of 18**. Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. Possible scarring may occur.

Tattoo inks, dyes, and pigments that have not been approved by the federal Food and Drug Administration have consequences that are unknown.

## **Service Agreement and Release of All Claims**

I, Client, hereby authorize EM Lash & Brow, LLC and any agents, employee, officers, or students thereof to perform the above cosmetic procedure upon me.

I understand, and have been advised, prior to undergoing such procedure, that there are certain substantial risks to such procedure, and I hereby assume all such risk and absolve and release all such entities and individuals, without limitation, from any and all claims, demands, suits, causes of action, etc., that may arise from the performance of such procedure or any procedure in any way related thereto. The injuries which may occur, and from which i hereby fully release all referenced entities and individuals, include, but are not limited to, scarring, pain, emotional distress, depression, swelling, illness, death, and disfigurement. This release applies, with full force and effect, whether any such resulting injuries are foreseeable or unforeseeable.

I certify that I have read and had explained to me the above release language, and acknowledge that I hereby accept the full responsibility for any damage to me resulting from any procedure. I further agree that should I choose to file suit or bring any other action or demand against EM Lash & Brow, LLC, or any agents, employees, officers, or students thereof in spite of said release, that I will be in breach of these Agreements, and that such entities or individuals against whom I will have brought such suit shall be entitled to recover all reasonable attorney's fees incurred in defending against such suit, claims or demand from me.

I understand and agree that I should have a history of cold sores or fever blisters the procedure may not work, and may carry an increased risk of injury to me.

**Permission to Use Picture.** I hereby grant the Professional the full right to take, publish and reproduce photographs of me, my face, my eyes, and/or eyebrows, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by the Professional. I further expressly assign any copyright in these photographs to the Professional. I also grant my consent for the Professional to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide. Please use these images with the following:

- My own name       No name to be used       A fictitious name: \_\_\_\_\_

**Care and Maintenance.** I agree to follow the care and maintenance instructions provided by the Professional for the use and care of my eyebrows, and that if any follow up care is required due to my own mistake or negligence, or failure to follow the after care instructions, this will be at my own expense and risk. I understand that if I do any the after care instructions, it may result in negatively affect the Microblading/Ombre results or put you at risk for infection.

**Appointment Policy.**

- All appointments are secured with a credit card through our booking system. We require a 24 hours cancellation and/or reschedule notice for all appointments, so that we may accommodate the needs of other clients. **Those who do not show for their scheduled appointment or fail to cancel and/or reschedule 48 hours the appointment will be charged 50% of the service charged.**
- If you are late for your appointment you risk having your appointment time reduced. If your time is reduced, you still owe for the entire appointment as booked. For those too late for us to perform any services will still be charged for the full amount of the scheduled service(s).
- For the safety of your children and the relaxation of our guests, we ask that you do not bring children under the age of 13 years old.

**Complementary Touch-Up.** Complementary touch-ups must be scheduled 4-8 weeks from the initial procedure. Touch-ups after the 8 weeks from the initial procedure will incur additional fees.

**I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.**

Client's Name \_\_\_\_\_

Practicer's Name \_\_\_\_\_

Client's Signature \_\_\_\_\_

Practicer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## After Care Instructions

It is very important to follow these instructions to improve and prolong the results of your procedure(s). If you don't follow these instructions, it can negatively affect your results or put you at risk for infection.

### **Permanent Eyebrows:**

Keep away from water for 24 hours. Apply ointment over eyebrows every night within few days. During the first week the color will be very dark. After 4 or 5 days, the dead skin on the eyebrows will form scabs and start to peel off. Do not peel this scab off because it will take on the color of the ink of the tattoo beneath it. After it peels off, the color will be lighter and look more natural.

### **Permanent Eyeliners**

Keep away from water for 24 hours. Use an ice bag to relieve the swelling if needed. Keep the eyeliners from getting wet by putting tissues under the ice bag before putting it on the eyeliners. For some people the swelling may last more than one day. Apply a thick layer of Stye ointment directly to the eyelids before you go to bed on the first night; a small amount of ointment may be applied in the next two nights. When you wake up in the morning, use cotton swabs and warm water to clean your eyes. The dead skin on top of the liners will start to peel off after a few days. Remember , do not try to peel it off; let it peel off by itself.

### **Permanent Lip Liners:**

Keep your lips away from water for 24 hours. You can drink water by the straw. Eat carefully; do not let food get on your lip liners. Do not use toothpaste or alcoholic products and war lipstick within 2 weeks because it may easily cause cold sores or infections. A plastic-link crust or scab will form over your lip liners and start to peel off after a few days. Do not push or pull this crust; it will peel off by itself within 5-7 days.

### **Medical Issues:**

If you have any expected problems with healing of the skin, please contact us immediately to discuss further instructions.

**Contact a physician if any signs or symptoms develop such as:** fever, redness at the site, swelling, tenderness of the procedure site, elevated body temperature, red streaks going from the procedure site towards the heart, and/or any green/yellow discharge that is foul in order.

If physician care is required by the client client related to the procedure, the client is to notify us of the problem and resolution by the physician or clinic. This information shall be placed in the client's file.