**Consent to Application of Semi-Permanent Makeup Procedure**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am over the age of 18, I am not under the influence of drugs or alcohol. I am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

**PROCEDURE:**

**NO. OF VISITS REQUIRED:** **2**

**COST OF PROCEDURE: $**

I have been informed of the nature, risks, and possible complications or consequences of semi-permanent pigmentation. I understand the semi-permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of procedure, including but not limited to the following: infections, scarring, inconsistent color, and spreading, fanning or fading of pigments.

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 a form of tattooing and therefore not an exact science, but an art. I request the semi-permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of Mircoblading. \_\_\_\_\_\_\_(initial)

There is a possibility of an allergic reaction to the pigments. A patch test is advisable however, it does not ensure a client will not have an allergic reaction. I consent\_\_\_\_\_\_\_\_ (initial) **or** waive \_\_\_\_(initial) the patch test. If waived, I release the technician from all liabilities if I develop an allergic reaction to the pigment.

 I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. \_\_\_\_\_\_\_(initial)

I have received both pre and post care procedural instructions and I will strictly adhere to such instructions. I understand that my failure to do so many jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly adhere to my doctor’s instructions before contemplating any semi-permanent cosmetic procedure around the lips. \_\_\_\_\_\_ (initial)

I understand that taking before and after photographs of the said procedure are a condition of the procedure. I certify that I have read and initialed the above paragraphs and have had explained to me this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

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**CLIENT SIGNATURE DATE**

