



RE-CONSENT FOR MAINTENANCE APPOINTMENT

Please read all questions/statements thoroughly before initialing

Are you pregnant or nursing? ☐ Yes ☐ No

Has your health history changed regarding medication, joint replacement or anything artificial in your body? ☐ Yes ☐ No

If YES, please specify and also list any new medications and why they were prescribed to you.

____ I understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results and 100% success cannot be guaranteed.

____ I accept responsibility for determining the shape, and positions of eyebrows, eyeliner, lip liner and/or full lip color.

____ I understand that color selection and color results in all procedures are not an exact science.

____ I acknowledge that permanent cosmetic procedures can involve inherent risks such as infection, poor color retention, hyperpigmentation, minor and temporary bleeding, bruising, redness, swelling, fever blisters (lip area following lip procedure), fading or loss of pigment.

____ I understand that the positioning of my permanent cosmetics can be affected if I elect to have cosmetic surgery, Botox or Fillers (injectables). I assume this responsibility.

____ I am aware that if I am to receive an MRI after my permanent cosmetic procedure, I must tell the Radiologist that I have iron oxide permanent makeup cosmetics.

____ If I am a lens wearer, I realize that I must keep my lenses out the day of an eyeliner procedure.

____ I understand that implanted pigment color will change and fade over time. Yearly maintenance appointments are recommended to keep your permanent cosmetics looking fresh.

____ I understand this is an elective cosmetic procedure and is not medically necessary.

_____ I understand that many lasers & IPL's (Intense Pulse Light), including those used for hair removal & anti-aging facials, may or will turn permanent cosmetics dark or even black. I agree to inform my technician that I have permanent makeup.

_____ I give my consent to *Prodigo Day Spa* to confer with my physician for medical information required for the safety of my procedures.

_____ I agree to accompany my practitioner to the emergency room to take a blood test in the event that they or I were accidentally stuck with a needle. It would be for our safety. I agree to disclose all test results to my practitioner.

_____ If an infection occurs after I have received permanent cosmetics, I will seek medical attention from my primary physician or emergency room, ***immediately***, then contact my technician.

_____ I understand that exfoliating skincare, chemical or physical, must not be used on the area where the permanent cosmetic procedure occurred. They will alter the color or make it fade more quickly.

_____ I understand that excessive sun, tanning booths/beds, and certain medications can alter the color or make it fade faster than desired. Individual results may vary.

_____ Aftercare instructions have been explained and a written copy has been given to me.

Please read all questions/statements thoroughly before signing

ACCEPTANCE:

I have read and understand all risks involved for my permanent cosmetic procedure. I have been given an opportunity to ask questions regarding these risks. And, all my questions have been answered. I certify that I have given *Prodigo Day Spa* my most current and up to date medical profile.

Print_____

Sign_____

Date____/____/____