



STATEMENT OF CONSENT AND RECITALS

Please read all statements thoroughly before initialing

____ 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 understand that payment today includes 2 appointments, 4-6 weeks apart. Additional sessions will require an additional fee per session.

____ I accept responsibility for determining the shape, and position 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 understand that implanted pigment color can change and/or fade over time due. In order to keep permanent cosmetics looking fresh, I will need to maintain the color and shape with future maintenance appts.

____ 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 cosmetics.

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

____ 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 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 vary.

___ I understand that 2 sessions, 4 weeks apart, are required for permanent cosmetics on virgin skin. These 2 sessions are included in the quoted price. I acknowledge there will be a charge for any sessions after that to achieve the desired result.

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

Please read all 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 the information I have been asked for is accurate.

Print _____

Sign _____

Date ___/___/___