

# PMU INFORMED CONSENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND EACH STATEMENT BY PLACING YOUR INITIALS NEXT TO EACH ONE.

\_\_\_\_\_ 1. I understand and accept that permanent makeup is a process, often requiring multiple applications of color to achieve desirable results and 100% success CANNOT be guaranteed. After the first two applications I fully understand that there are additional costs as explained to me by my technician.

\_\_\_\_\_ 2. I have received, reviewed and understand the written and verbal post procedural instructions as given to me and agree to follow them exactly.

\_\_\_\_\_ 3. I understand that before and after photographs may be taken and the rights to all photographs taken belong to Boise Permanent Makeup, and therefore may be used in anyway Boise Permanent Makeup chooses to do so.

\_\_\_\_\_ 4. If I wear contacts, I am aware that I must remove them prior to an eyeliner procedure.

\_\_\_\_\_ 5. If I wear false eyelashes, I am aware that I must remove them prior to an Eyeliner/Lash Enhancement procedure. I am also aware that any lash enhancement serums/conditioners can affect the outcome of my Eyeliner/Lash Enhancement procedure.

\_\_\_\_\_ 6. I understand that the procedure(s) will fade, and this fading can alter the original pigment color. Fading can be remedied with a touch up visit.

\_\_\_\_\_ 7. I understand this is an elective cosmetic procedure that is not an exact science and is not medically necessary.

\_\_\_\_\_ 8. I understand that laser hair removal procedures may turn lip pigment dark or even black.

\_\_\_\_\_ 9. I understand that the following may occur; minor and temporary bleeding, bruising, redness, or other discoloration, swelling, fading, or loss of pigment, and cold sores on lips. (For individuals who are prone to them.)

\_\_\_\_\_ 10. I have disclosed all pertinent medical history, medications and allergies to ensure the safety of my procedure(s).

For corrective procedures or any type of cover-up of another technician's work:

\_\_\_\_\_ 1. I understand that my outcome including but not limited to color, shape and retention can not be guaranteed.

## ACCEPTANCE:

I have thoroughly read and understand this document. The risks involved with my procedure(s) have been verbally explained to me. I thoroughly understand all the written and verbal aftercare instructions. I certify that all of my questions have been answered and I accept full responsibility for any complications that may arise during or following the procedure(s) to be performed at my request.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_