

_____ I hereby authorize Permanent Cosmetics Solutions to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for the purposes of promotions.

_____ I hereby authorize PermanentCosmetic Solutions to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be maintained only in file.

_____ I have been given the opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe I have sufficient information to give this informed consent.

_____ I acknowledge the receipt of written instructions advising me of the proper care of my procedures and I recognize the absolute necessity for following these instructions.

_____ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Permanent Cosmetic Solutions and I further agree that any controversy or claim arising out of or relating to this consent and/ or any signed contract between myself and Permanent Cosmetic Solutions, or the breach thereof, shall be settled by arbitration in the state of Texas in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

_____ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Permanent Cosmetic Solutions , a health care practitioner, Texas Department of Health, Drugs and Medical Devices Division 1-888-839-6676.

I have read and understand the contents of this form and I have been given no unrealistic promises or warranties.

Preferred payment methods are cash or check No Refunds

Client Signature: _____

Date: _____

Technician: _____

Date: _____

Please turn off cell phones and remove contact lenses at this time.

If paying by check, make it out to Terri Landeros