

Disclosure and Consent Release Form

For Eyebrows, Eyeliner, Lips, Lip Liner, Re-coloration

Permanent Cosmetic Solutions appreciates your patronage and it is our intent to insure that you are properly informed and aware of the complete process of permanent cosmetics, ensuring that your expectations are realistic.

You have the right to be informed so that you may make the decision whether or not to undergo the procedure. This form is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent for the procedure.

Please read and initial each.

I understand;

_____ That cosmetic tattooing is not an exact science and that no warranty or guarantee has been made to me as a result of permanent cosmetic, camouflage, correction, removal procedure, and that final result cannot be guaranteed.

_____ There may be risk and hazards related to the performance of this procedure planned for me.

_____ I realize that there is potential for discomfort during the procedure and during the healing process.

_____ There is a possibility for bleeding, swelling, and allergic reactions to the pigment and products used during this procedure.

_____ This procedure is considered permanent however it will fade with time. The lighter colors fade sooner than the darker colors.

_____ That there is a chance I may experience a corneal abrasion. (For eyeliner only)

_____ That misplacement, spreading, or migration of the pigment can occur.

_____ A skin test of the pigment to be used is offered upon request and the test result is not viewed by a medical professional, unless I make arrangements to have this done myself. A non-reactive skin test does not preclude an allergic reaction occurring at a future time. I decline the skin test _____ (initial), OR I request a skin test _____ (initial).

_____ That hyper-pigmentation (darkening of the skin) or hypo-pigmentation, (lightening of the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and Permanent Cosmetic Solutions or Terri Landeros cannot predict how my skin may react as a result of this procedure.

_____ That I acknowledge the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results and I accept full responsibility for any and all, present and future medical treatments and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me.

_____ That immediately after the procedure(s) is completed, the color will appear darker than when the procedure heals and that the shape(s) may be imperfect due to tissue swelling.

_____ That my approval is obtained prior to final selection of color to be implanted and design application(s) to be applied. Permanent Cosmetic Solutions employs a no refund policy.

_____ The fee for the permanent cosmetic service has been explained to me and has been agreed upon. I understand the total fee for the services rendered is due upon completion of today's appointment, and that there will be fees for future appointments.