



Wild Rose

ESTHETICA INC

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Calgary AB T2S 3C2

403-836-3072

Permanent Cosmetics Release Waiver

Client: _____ Phone #: _____

(Last Name, First Name)

Address: _____ City: _____

Prov: _____ Postal Code: _____

Email: _____

Technician: _____

I hereby declare that I have been informed, in detail, about the permanent cosmetics procedure which will be performed. I was informed that needles are used for the treatment to inject colour pigments into the upper layers of the skin.

I am aware that it is not possible to predict how durable and intensive the colour will be and that durability and colour intensity depend on age, skin type, life style and environmental conditions of the treated person.

I am aware that the treatment with the pigmenting needles can cause skin irritation and minor inflammation of the skin which usually disappears within 24-36 hours.

I have been informed that the pigments will appear darker within the first few days immediately following the procedure than the final result. It will be necessary to undergo follow up treatments.

I have been informed of the section of skin to be pigmented may be anesthetized/numbed with a surface anesthetic.

I have been informed that medicines affect different individuals in different ways. Just because side effects have occurred in some cases, it does not mean they will occur to me. Some common side effects anesthetics may include: Allergic reaction, light headedness, drowsiness/ dizziness, vomiting, numbness of the tongue, unusually slow heartbeat.

I have listed any allergies that I have: _____

I authorize the use of my photographs taken by the technician to be used on social media and shown to potential clients: _____ (client signature)

During the first 7 days after treatment, I should not:

- Expose the treated area to UV rays
- Use the sauna or swimming pool
- Use Make-Up other than the recommended after care products
- Remove pigmentation
- Use Tanning beds

Furthermore, I state that:

I am not diabetic

I am not hemophiliac

I am not allergic to Red Lake #5

I do not test positive for the HIV or Hepatitis Viruses

I am not pregnant

I have had no Botox treatment for the past 3 months

I have had no Filler injectables for the past 6 months

I have informed the Technician of any medication I am currently taking, which may affect blood coagulation during the Embroidery procedure, these include:

Blood Thinners

Sleeping Pills

Blood Pressure Medications

Chemical Peels

Diuretics

Hormone Replacements

Painkillers

Antibiotics

Tranquilizers

Immune Suppressants

Dermatological Medications (Acutane)

This form was signed before the treatment: YES / NO _____ (Please circle/initial) and the colour result was shown to me before the actual pigmentation process started.

I hereby declare that I am not intoxicated, that I am over the age of 18, and that I am fully aware of the treatment procedure and that I understand the above statement to be true. I give my consent to have Permanent Cosmetics performed and assume full responsibility for the out come. I do not and will not hold the technician or Wild Rose Esthetica Inc. responsible or liable should the result may not be as discussed or as I had imagined.

(Client Signature)

(Date)

(Technician)

For Office use only: Procedure: Full/Partial Colour(s): _____

Needle #: _____ Treatment \$ _____