

Makeup By Maddie

LUXURY BEAUTY SERVICES

INFORMED CONSENT FOR PROCEDURE

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND WHAT THEY MEAN BY INITIALING NEXT TO EACH STATEMENT.

1. _____ I absolutely understand and accept that this procedure is a process, often requiring multiple applications to achieve desirable results and the 100% success cannot be guaranteed.
2. _____ It has been explained to me and I understand that minor and temporary bleeding, bruising, redness, swelling, fading, or loss of pigment could occur. There is a rare risk of infection, misplaced pigment, allergic reaction, fever blisters, corneal abrasion and/or color change with any cosmetic micro pigments.
3. _____ If I had any permanent cosmetic procedure performed previously by another practitioner, I do not hold Makeup By Maddie responsible for future allergic reactions or contraindications.
4. _____ I have informed Makeup By Maddie of any health problems that I have as well as allergies.
5. _____ I understand that Makeup By Maddie cannot guarantee the outcome of any permanent cosmetic procedure due to the unpredictability of the human skin.
6. _____ I accept the responsibility for helping determine the color, shape, and position of any permanent makeup procedure.
7. _____ I have received, reviewed and I understand the post-procedural instructions as given to me and agree to follow them. I understand the importance of strictly adhering to the instructions.
8. _____ I understand that lip augmentation, Botox, Restlyne, or any cosmetic surgery can change the positioning of my permanent makeup.
9. _____ If I wear contact lenses, I understand that I must remove them prior to any eye liner or lash enhancement procedure.
10. _____ If I insist on driving, I waive all responsibility to my practitioner and Makeup By Maddie and assume full responsibility that I can see to drive, perfectly.
11. _____ I understand that this procedure will fade, and fading can alter the original pigment color due to circumstances beyond the control of Makeup By Maddie.
12. _____ I understand that I will need to maintain the color with future applications. Sun, skin care products, pool and other factors play a role in fading as mentioned in the aftercare instructions.
13. _____ I realize this is an elective cosmetic procedure, not an exact science, and is not medically necessary. There are no refunds upon treatment for this elective procedure.

14. _____ I authorize Makeup By Maddie unrestricted use of before and after photographs to include but not limited to portfolio use. Makeup By Maddie is required to take before and after photos of every client.
15. _____ I give my consent to Makeup By Maddie to confer with my physician for medical information required for the safety of my procedures.
16. _____ I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, photo facials, removal of lines may or will turn permanent makeup pigment dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent makeup.
17. _____ I am aware that if I am to receive an MRI after the procedure, I must tell the radiologist that I have Iron Oxide permanent cosmetics.
18. _____ I agree to accompany my practitioner to the emergency room in the event they were to accidentally stuck with my needle and take a blood test for their safety and disclose all test results to my practitioner.
19. _____ I am aware that if an infection occurs after I have received permanent cosmetics, I will see my primary care physician or and emergency room, immediately.
20. _____ I am aware that Makeup By Maddie will use new pre-sterilized needle(s) and pigment(s) for all procedures and will follow OSHA standards. New gloves and masks are used on all new procedures.
21. _____ I understand that a patch test does not mean I may not develop an allergic reaction in the future.
22. _____ I understand that there is a touch up fee. I understand that everyone's skin is different and make require additional visits for more color application to achieve desired results. Additional visits incur an additional fee.
23. _____ I have received no unrealistic warranties or guarantees with the respect to the procedure being performed.
24. _____ Your signature below represents consent for permanent cosmetic services and shall remain in effect during the entire period you remain a client at Makeup By Maddie.
25. _____ I acknowledge by signing this consent form I have been given full opportunity to ask and al all questions about permanent makeup procedures and processes from my permanent makeup practitioner.

SCRATCH TEST CONSENT:

I received a patch test on _____ (date) and have had no adverse side effects. The patch test was completed prior to the procedure and releases Madeline Hamberger from any liability related to any allergies or other reaction to applied pigments.

The scratch test was waived because: _____

Are you pregnant? Yes _____ No _____

ACCEPTANCE:

I have read and understand these risks listed above and they have been explained to me. I did not just sign this document. I certify that the information in the above questionnaire is accurate and that this has been explained to me in detail and all of my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) that are performed at my request.

Signature of Client _____ Date _____

I personally reviewed the above information with my client.

Permanent Cosmetic Practitioner _____ Date _____