# INFORMED CONSENT
# PERMANENT MAKEUP PROCEDURE

Full Name: _____ Date: _____

Phone: _____ Email:_____

Emergency Contact: _____ Phone: _____

Desired procedure: Microblade Brows / Powdered Brow (non hair stroke) Call for current pricing and specials!

First Service Cost $ _____ Follow Up Service Cost $ _____

Each additional touch up, perfecting service or follow up start at $125 per area. Payment for follow-ups are due at the time of booking. There are no refunds for this procedure. Your skin will determine the outcome and longevity of the pigment. Previous results on others are not an indication as to how the procedure will take or look on you. All cancellations require 24hour notice or you will be charged half of the service price. This includes follow ups. We do not do touch ups on clients that were not previously seen in our office. If you had permanent makeup elsewhere, a consultation is required to determine if the area is treatable.

**Are you now or have you been under the care of a physician in the last two years?** ☐ **Yes** ☐ **No**

Physician Name: _____ Phone: _____

Address: _____ City_____ Zip_____

If you are being treated for or have been diagnosed with the following conditions the service **WILL NOT** be performed: **CANCER, BLOOD THINNERS, ACTIVE INFECTIONS, HEP ABC**

**The following medical conditions must be controlled and/or approved by your doctor:**

**Aids/HIV positive • Hemophiliac • MRSA • Consuming Steroids • Diabetic • Skin Disease • Epilepsy**
**Autoimmune Disorder • Blood Disease • Heart Condition • Blood Pressure**

If you knowingly have a condition, do not disclose and proceed with the service, you accept the outcome of possible adverse effects. You also accept any and all legal fees that come about for not being truthful in regards to your medical background prior to service. Protect your health, please be honest and **do not take risks** just to have a service done.

**SIGN HERE:**_____

# Informed Consent

The nature and method of the procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following the service. I understand there may be a certain amount of discomfort or pain associated with the procedure and other adverse side effects may include minor bleeding, bruising, redness, discoloration and swelling of the procedure area. Fading or loss of pigment is very common and no guarantees are made as to hold long the pigment will hold if at all. Secondary infection in the area of the procedure may occur, however, if properly cared for, is very rare.

I acknowledge by signing below, that I have been given the full opportunity to ask any and all questions regarding the procedure I've selected to have. The answers to my questions were to my satisfaction. I specifically acknowledge that I have been advised of the information below and agree as follows:

- I acknowledge that it is not reasonably possible to determine whether I may have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the technician of any known allergies. _____(initial)
- I request a patch test prior to my visit _____(initial)

  OR I decline a patch test _____(initial)
- I acknowledge that complications are always possible as a result of the selected procedure, particularly in the event that post procedural instructions are not followed. _____(initial)
- I acknowledge that perfect results are an unrealistic expectation. Several services may be necessary to achieve the look I am seeking and even then, my skin may not adhere to such requests. There is a fee for all touch ups after my 6 week top up. _____(initial)
- The pigment may fade dramatically or possibly may not take. The pigment may heal blurry or soften over time. Especially for red heads, blondes and dark skin types. _____(initial)
- I realize that my body is unique and the technician nor technician associates cannot predict how my skin will react as a result of the procedure. _____(initial)
- Results will appear softer as the treated area heals. The area treated will not look as defined or as bold as the first procedure. All procedures require a minimum of two appointments and a color boost once a year to maintain color and freshness. _____(initial)
- I acknowledge and understand that if I have oily skin the pigment will appear and heal much softer or blurry and can appear more powdered (not hair strokes) due to the over production of oil glands. The pigment will fade quicker than most. I have oily skin and wish to proceed. _____(initial)
- Tanning booths and sun exposure will heal darker and fade the pigment quicker. It is recommended to not have a tan or sun burn 30 days before and after on your face. _____(initial)
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later changes/corrections or removal. Removal is at my expense should I elect for such treatment. _____(initial)
- I acknowledge that future laser treatments, injections or other skin altering procedures may alter or degrade my procedure results. _____(initial)
- My technician will advise against any unnatural shapes or colors. No guarantees have been made regarding the results of the procedure. _____(initial)
- I accept responsibility for determining the color, shape and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. _____(initial)
- I understand that the two sides of the face (including eyelids, brows, and lips) are not the same and can never be made exactly the same. Symmetry is not always achieved by the application of facial tattoos. _____(initial)
- I understand if I had previous permanent makeup, the procedure(s) performed today may not cover or blend with the previous work. _____(initial)

- My technician will not correct permanent makeup that I have had performed at another location. Likewise, if I choose to have another location touch up or correct today's results, my technician is not liable for such touch up or correction costs and I understand this technician will not perform future treatments. _____(initial)
- Photographs—I consent to have photographs taken before and after the procedure for documentation. Photographs may be shown, illustrated or printed simply to reflect the services offered. My name will not be published and I surrender any claim for payment of such photos. _____(initial)
- Each client's body is unique, therefore the healing process is out of the technicians control and results may vary. Future touch ups or color boosts may not yield the desired result. _____(initial)
- **I have received a copy of the After Care Routine** _____(initial)

# After Care Instructions

**to be followed for original procedure and all touch ups**

- Apply a THIN layer of cream (provided) to the treated area a minimum of one time per day for the following week, or whenever the area feels dry. More applications may be needed.
- Keeping the area moisturized and soothed is important for color retention.
- Stay out of the sun. Tanned or burned skin will affect the healed result.
- Keep water off of your brows for at least 24 hours. After 24 hours, you may lightly wipe with a cloth and mild cleanser but DO NOT rub or force clean your brows.
- Do not use any face creams, exfoliates, or harsh cleansers on the area during the healing process (4 weeks).
- Normal activity can be resumed immediately. We recommend that heavy **exercise such as aerobic dancing, weight lifting, etc. be delayed for approximately one week following the procedure. Body heat and sweat can blur your strokes.**
- Your procedure will begin to oxidize immediately and during the next 3-4 days. This causes pigment to become darker. Do not be alarmed, this dark color will either flake off or fade back to the color that was first implanted (during the 1st five minutes of the procedure).
- Do not pick any scabs or dry areas that may form during the healing process, this may cause you to lose color or damage your skin.
- Over the next two to three weeks, the pigment intensity will lighten by up to 50%. Ensure you have scheduled your top up appointment as permanent makeup is a 2 stage treatment which will make sure faded areas are touched up and balanced.
- Smoking can affect the healing of your area as well as the final resulted color.
- Area will become uneven or discolored during healing. You may apply a pencil or powder to area after the area is fulling closed (typically 10 days) your touch up session will address color and balance.

Client Initials:_____

# Medications/Medical History

List all medications you are currently taking, including Retin A, Glycolic Acids, Acutane,

Alphahydroxy-based product or Latisse/ lash enhancing growth serum: Must be off these medications for a minimum of 30 days prior to service (acutane 1 year)

_____

_____

List all medications such as cortisone, blood thinners (vitamin E is a blood thinner),

supplements (garlic, fish oils, omegas, krill oil) or diabetic medications: Stop fish oils or omegas 2 weeks prior to appointment. **Dr's note required to complete service for prescription issued blood thinners or diabetic medications.**

_____

_____

In the last 6 months have you used Preparation H under your eyes (or anywhere on

face)? This product can cause pigment to migrate under the skin.

_____

_____

List any drug, makeup, food or skin allergies (soaps, or cleansers):

_____

_____

What skincare products do you currently use?

_____

_____

To avoid unforeseen complications please answer the following questions:

☐ Yes ☐ No Have you consumed alcohol today?

☐ Yes ☐ No Any mood altering drugs in the last 8 hours?(i.e Wellbutrin, Xanex Prozac)

☐ Yes ☐ No History of herpes, cold sores, or fever blisters?

☐ Yes ☐ No Have you had a chemical or laser peel? **Wait 90 days after peel for service**

☐ Yes ☐ No Do you have problems healing?

☐ Yes ☐ No Previous problems with tattoos or been advised to not get a tattoo at this time?

☐ Yes ☐ No Currently undergoing radiation or chemotherapy? **No Service**

☐ Yes ☐ No Currently taking chemotherapy medications? **No Service**

☐ Yes ☐ No Currently using Retin A or"Alphahydroxy"skin care? **(if so, avoid use for 1 month post procedure)**

☐ Yes ☐ No Do you wear contact lenses? **Remove for eyeliner**

☐ Yes ☐ No Any previous permanent make up? where/when?_____

☐ Yes ☐ No Allergies to topical antibiotic numbing creams or desensitizers?

☐ Yes ☐ No Skin diseases or skin sensitivities?

☐ Yes ☐ No Taking daily vitamins?

☐ Yes ☐ No Currently Pregnant, nursing or trying? **Service will not take place**

Do you, or have you had, any of the following?

- ☐ Tuberculosis
- ☐ Heart condition/Pace maker
- ☐ Trichotillomania
- ☐ Allergies to makeup
- ☐ Acutane treatment
- ☐ Dry eyes
- ☐ Keloids
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Stroke
- ☐ Chest pains
- ☐ Shortness of breath
- ☐ Alopecia
- ☐ Epilepsy/Seizures
- ☐ Smoker
- ☐ Cataract Surgery
- ☐ Tear duct plugs
- ☐ Cancer
- ☐ Tan regularly
- ☐ Facelift/Forehead/Brow lift
- ☐ Rhinoplasty
- ☐ Scar(s) in area
- ☐ Botox/fillers
- ☐ Eyebrow transplant
- ☐ MRSA/STAPH
- ☐ Eczema/Dermatitis
- ☐ Hepatitis/Jaundice/HIV
- ☐ Kidney disease
- ☐ Cold sores/Herpes simplex
- ☐ Thyroid issues
- ☐ Hyper or Hypo pigmentation
- ☐ Refractive eye surgery
- ☐ Autoimmune disorder
- ☐ Shingles
- ☐ Eyelid surgery/Lasik surgery
- ☐ Laser removal
- ☐ Nickel allergy
- ☐ Hemophilia

I have read and understand the contents of each statement I have initialed above. I acknowledge this is a contract and I have received no warranties or guarantees as to the outcome before during or after the procedure. As of the date signed, I am of sound mind and am capable of making independent decisions for myself.

Client Print_____ Date:_____

Client Signature_____

Client Print_____ Date:_____

Client Signature_____

Client Print_____ Date:_____

Client Signature_____

Client Print_____ Date:_____

Client Signature_____

# Client Treatment Record

| Date | Area | Pigment Lot # | Blade/Needle | Numbing | Pics Before/ After |
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