

You must read and fill out this form completely, making certain that you understand everything and type/write your initials before each one, to indicate you understand them completely. As a client, it is your responsibility to inform the technician of all possible concerns before they begin your procedure.

- I am not pregnant / nursing.
- I will follow the aftercare instructions given to me.
- I understand permanent makeup is a form of tattoo that requires implantation of pigment into the skin.
- I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.
- I am not under the influence of alcohol or drugs or any other substances, legal, or otherwise.
- I understand it is my responsibility to advise my technician of any concerns I have before the procedure.
- I understand the final result depends on how i follow the aftercare, skin type, lifestyle, and coming for touch ups.
- I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch up session within 90 days.
- I will tell all skin care professionals or medical personnel about my permanent makeup procedures especially if I'm scheduled for an "MRI"
- I understand some permanent makeup pigment can only be removed with a surgical procedure.
- I understand there is a no refund policy and no guarantee has been made as a result of this procedure.
- I accept full responsibility for the decision to have this permanent makeup (Cosmetic tattoo) work done.



INFORMED CONSENT, MEDICAL HISTORY & RELEASE FORM

Client name : DOB

Email address : Phone #

Technician name : Date

POSSIBLE RISKS, HAZARDS OR COMPLICATIONS

Pain : There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.

Infections : Infections is very unusual. The areas must be kept clean and treated as open wounds. See "Aftercare instructions card" for more details.

Uneven pigmentation : This can result from poor healing, infection, bleeding or many other causes, Your follow up appointment will likely correct any uneven appearance.

Asymmetry : Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.

Excessive swelling or bruising : Some people bruise and swell more than others. Ice packs may help and they will typically disappears with in 1-5 days.

Anesthesia : Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform your technician now.

Fever blisters : If you are prone to cold sores or fever blisters (herpes simplex). There is a high probability that you will get them. It is advised that you call your doctor for a prescription antiviral to help prevent this form occurring.

Allergic reaction : There is a small possibility of an allergic reaction. You may take a 5-7 days patch test to determine this. Please intitial to : Waive..... or Take

I have read and understand very well.

Signature..... Date

Signature of Technician..... Date



MEDICAL HISTORY

Have you had Botox/ Dysport or any fillers in the last two weeks? NO..... YES.....

Are you allergic to Lidocaine, Prilocaine, Benzocaine, Tetracaine or Epinephrine NO..... YES.....

Are you currently using products containing Retin-A, Retinol, or Hyaluronic Acid (or similar ingredient) ? NO..... YES.....

Are you currently on any blood thinners such as : Aspirin, Ibuprofen, Alcohol, Coumadin, etc.? NO..... YES.....

List other medications, medical issues/illnesses here :

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PHOTOGRAPHY AND VIDEOGRAPHY RELEASE CONSENT

Our insurance company requires "Before and After" photos/ videos be taken and kept on file. We would like your permission to use these photos/videos for advertising for example, in portfolios, online and in print ads, etc. Your consent is necessary regarding this. Please CIRCLE and indicate with your signature if you would like your photos/videos used or not used in advertising.

YES, feel free to use them

YES, but only procedure area please.

NO, Please do not use them.

I certify that this informed consent, Medical history and release agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge.

Client's signature..... **Date**

Signature of Technic..... **Date**