

Consent to Application of Micropigmentation and/or Permanent Make-Up

Patient Name: _____ Date: _____

Date of Birth: _____ Procedure Requested: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

I certify that I am over the age of 18, I am not under the influence of drugs or alcohol, I am not pregnant or nursing, and I consent to receiving the indicated micropigmentation or permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. Consent _____ (initials)

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure/s, and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure/s. Consent _____ (initials)

There is a possibility of an allergic reaction to pigments. I release the technician from liability if I develop an allergic reaction to the pigment. I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. Consent _____ (initials)

I have received pre- and post-procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. Consent _____ (initials)

I understand that before and after photographs of the said procedure/s are conditions of such procedure/s. I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done and understand that there is a no refund policy. I understand that the cost of touch-up's are not included in the procedure and the cost of touch up's differs as time lapses from the original date procedure was done. Consent _____ (initials)

Permanent Makeup Policies

Permanent makeup is all about you! We want to provide you with the highest standards of service and personal care, in the most professional environment so that you will return and recommend our services.

Cancellation – If you have an appointment, this time is reserved exclusively for you. In the event that you must cancel your appointment, we require a 48-hour cancellation notice in advance for services. Patients will be billed \$50 for late cancellation and no-shows. You will not be rescheduled until this is paid in full.

Late Arrival – Arriving late will deprive you of valuable service time. As a courtesy to the next guest, your treatment will end at the time originally scheduled. Late arrivals may be rescheduled, or the remainder of the service time may be used at full price.

Permanent Makeup Done by Another Technician – Recoloring permanent makeup done previously by anyone else is not “just a touch-up” since it is not the original work of our Provider. Therefore, fees start at the new permanent makeup prices. Two or more appointments may be necessary to achieve and complete most permanent makeup correction procedures.

Pricing – All prices quoted are subject to change without notice. All purchases and services are final, and there are NO refunds.

Our insurance company requires “Before” and “After” photos to be kept on file. We would like to have your permission to share these photos on our website and/or patient look-book. Please consent to the use of photos below: Circle and Sign Below

YES _____ No _____

Additional Treatment Policy

1. We reserve the right to refuse services to anyone.
2. Two or more appointments may be necessary to achieve and complete most permanent makeup procedures depending on each person's skin. Touch-up fees may apply.
3. Since scar tissue is abnormal, multiple sessions are usually needed to achieve satisfactory results with medical grade tattooing/camouflage.

I have read, understand, and agree to all of the Policies listed above.

Signature: _____ Date: _____