CONSENT TO APPLICATION OF

PERMANENT MAKEUP PROCEDURE

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

I, _____ **(name)** am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

PROCEDURE(s): _____

NO. OF VISITS REQUIRED_____ COST OF PROCEDURE: _____

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 pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after 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 procedure(s) and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).

There is a possibility of an allergic reaction to pigments. A patch test is advisable however it does not ensure a client will not have an allergic reaction. I consent_____ **(initials)** or waive_____ **(initials)** the patch test. If I waived, 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 procedure it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable_____ **(initials)**

I have received pre- and post-procedure instructions (available on our website) and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my changes 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. X_____ **(initials)**

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initiated the above paragraphs and have explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

CLIENT SIGNATURE: _____ DATE: _____