

INFORMED CONSENT FORM

Name:

Address:

Phone Number: _____ Email:

Emergency Contact Name/Number: _____

Requested Procedure:

Please read and initial each of the following:

_____ I have read and understand the before and after care instructions which I will follow to the best of my ability

_____ I agree to before and after pictures, which will be the property of the make-up artist and may be used for advertising.

_____ I understand that there may be a certain amount of discomfort associated with this procedure.

_____ I understand that there may be minor or temporary swelling, bruising, redness and tenderness following the procedure.

_____ I understand that the cosmetic tattoo will appear darker immediately after the procedure than it will one week later.

_____ I understand that if I decide to change the shape or color after the initial procedure (touch up excluded), that I would require additional session(s) and will be charged full price.

_____ I understand that the outcome of the semi-permanent procedure cannot be guaranteed for reasons including, but not limited to: following after care instructions, scar tissue, client lifestyle and overall health, medications and medical conditions.

_____ I understand that fading, loss of pigment, or color change of pigment may occur due to a variety of factors that include, but are not limited to: skin rejecting the pigment, sun exposure and tanning beds, skin care products (particularly anti-aging products including Retinol, AHA, BHA, etc), and chlorine.

_____ I understand that semi-permanent makeup usually requires more than one session to achieve the desired result; and each additional session is a separate fee.

_____ I understand that tobacco use can hinder both the healing process and color retention.

_____ I decline to do a patch test.

_____ I understand that there will be no refunds after the elective procedure.

_____ I acknowledge that the procedure involves risk inherent to the procedure, and that the possibility of complications exist both during and after the procedure.

Misplaced pigment, migration of pigment, poor color retention, scarring, infection, allergic reaction, minor bleeding, redness, swelling, bruising, soreness and swelling are some of the possible complications that may result from semi-permanent makeup application.

I do hereby agree to free the makeup artist from any and all claims or suits for damage, injuries or complications resulting from the service provided by the makeup artist, including but not limited to costs of medical care that may arise from the procedure and post-procedure care.

By signing below, I acknowledge that I have read and understand the above, all my questions have been answered, and I consent to the procedure noted above.

Signature _____ Date

FOLLOW UP NOTES

FOLLOW UP #1

FOLLOW UP #2

FOLLOW UP #3