



### Consent to Application of Permanent Makeup Procedure

Name \_\_\_\_\_

Date \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_ 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) \_\_\_\_\_ Number of Visits Required 2 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 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). X \_\_\_\_\_

I understand that if I have any skin treatments, laser hair removal, plastic surgery of other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these adverse changes may not be correctable X \_\_\_\_\_

I have received pre and post 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. X \_\_\_\_\_

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I allow these photos to be published in any media form. X \_\_\_\_\_

I will contact a healthcare provider at first sign of infection. X \_\_\_\_\_

I certify that 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. X \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Technician \_\_\_\_\_