



Microblading & Permanent Makeup Informed Consent/ Hold Harmless Form

CLIENT INFORMATION:

Today's Date:	
Full Name:	
DOB:	
Address:	
City / State / Zip	
Phone (Cell)	
Email address:	

What service will you be receiving today?

- Eyebrows
- Lip Blush
- Upper Eyeliner
- Lower Eyeliner
- Freckles
- Beauty Mark
- Previous Tattoo Correction

How did you hear about us?

- Facebook_____
- Google_____
- Instagram_____
- Friends(Name)_____
- Other_____



Micro-Pigmentation & Permanent Makeup Consent Form

I, _____ the undersigned and the person mentioned above, hereinafter referred to as the CUSTOMER, have been fully informed by hereinafter referred to as the Artist, _____ of the nature, risk and possible complications and consequences of the permanent makeup procedure for which I have contracted the artist to do.

I understand that this procedure is designed to enhance my appearance and features and I consent the treatment, which shall be performed by, or under the direction of the artist.

I further understand that this cosmetic procedure, using the permanent makeup process, is a permanent cosmetic and cannot be removed or easily changed as other cosmetics, and I agree to hold the artist harmless in the event of any consequence arising out of this procedure.

I have been advised and I fully understand that improper skin care may lead to an infection of the treated area. The artist has given me proper skin care instructions, which I am to follow.

I acknowledge that should my skin become infected due to improper skin care, I will hold the artist harmless.

I acknowledge that the permanent makeup that I contracted for is a lasting result of the treated area. The artist has given me proper skin care instructions. I am, however, fully informed and aware that the result may fade due to age, improper skin care, and prolonged exposure to chlorine and / or salt water. Should the result fade more than my expectations, I will not hold the artist liable for such consequence.

Client Signature: _____ Date: _____

I am informed and understand that if my skin is **excessively oily**, there is a chance that the color may spread and become uneven. I acknowledge that I have to inform the artist of my skin condition, and if my skin is excessively oily and still agree and consent for the following procedure, I will hold the artist harmless in the event of such unevenness or less color retention.

I am informed and understand that the procedure will not in any way contribute to/nor itself induce a loosening of the skin.

I am informed and agree that the artist shall not be liable in the event if such condition occurs.

Client Signature: _____ Date: _____



MEDICAL INFORMATION:

Emergency Contact: _____ Phone: (_____) _____ / _____

Please describe if any of the following answers is a “ * YES”:

*How long has it been since you last ate?

*Are you allergic to any medications? *Yes _____ No_____
Describe:_____

*Are you allergic to latex or lanolin? *Yes _____ No_____

*Are you allergic to Lidocaine? * Yes _____ No_____

*Are you allergic to epinephrine? * Yes _____ No_____

• Are you allergic to any antibiotics? * Yes _____ No_____

*Do you have any blood disease, eg Hepatitis, HIV, Aids? * Yes _____ No_____

*Do you have diabetes?
How is it being treated?:_____ * Yes _____ No_____

*Are you taking any prescriptions or over the counter medications?
Describe:_____ *Yes _____ No_____

*Do you have any present illness or history of an illness?
Describe:_____ * Yes _____ No_____

*Do you have any healing problems?
Describe:_____ * Yes _____ No_____

*Have you ever had a cold sore (Herpes) ?
Describe:_____ * Yes _____ No_____

Please Provide Clarification if you answered *Yes to any of these questions:



*Do you have any skin conditions (Eczema/Psoriasis) ? *Yes _____ No _____

*Do you have a keloid (scarring) condition? *Yes _____ No _____

*Are you using any exfoliating agents/peels , such as AHA, Retina A, Glycolic's? *Yes _____ No _____
Describe: _____

*Do you have any allergies, such as metals, soaps, cosmetics or alcohol etc:?:? *Yes _____ No _____
Describe: _____

*Do you have a heart condition or are you taking any heart medication? *Yes _____ No _____
Describe: _____

*Are you currently pregnant/nursing? *Yes _____ No _____
Describe: _____

• Do you have any bleeding disorder (Hemophilia)? *Yes _____ No _____
How is it being treated? _____

• Are you currently on any blood thinners? *Yes _____ No _____

• Do you currently have a flu, cold, or fever? *Yes _____ No _____
Describe: _____

*Do you suffer from epilepsy? *Yes _____ No _____

*Are you currently using Latisse or any other lash enhancement prescription/serums? *Yes _____ No _____
Describe: _____

*Any alcohol or drug intake(including cannabis, weed, marijuana) for the past 24 hours? *Yes _____ No _____
Describe: _____

*Is there any other information you feel you should provide to the body art practitioner?
Describe: _____

Please Provide Clarification if you answered *Yes to any of these questions:

I _____ am over the age of 18 and not under the influence of any drug or alcohol. The general nature of permanent makeup has been explained to me, and I understand this is art and not science.

Client Signature: _____ Date: _____



Micro pigmentation is the process of placing pigment into the skin. These pigments can last a few years or indefinitely, depending on skin tone and the intensity of the color that is used. Lighter skin tones will not hold the color as long as darker skin tones and may require occasional touch-ups to prolong the results of the procedure. Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5- 7 days the color will fade 30-40%, soften and look more natural.

Possible risks or complications:

- Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others. Lip procedures are more likely to involve some mild pain.
- Infection: Infection is very unusual. The areas treated must be kept clean and only freshly clean hands should touch the areas if needed. See “After Care” instructions which will be provided with the procedure.
- 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 the bruising and swelling typically disappears with 1-5 days. Some people do not bruise or swell at all.
- Eye Exposure: There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, “GenTeal” eye gel is used to protect the eye prior to the procedure. Saline solution is used to cleanse and flush the eye after the procedure is complete.
- Anesthesia: Topical anesthetics are used to numb the area to be treated. 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 us.
- Fever Blisters: If you are prone to cold sores or fever blisters (herpes simplex), there is a high probability that you will break out. It is advised that you call your doctor/physician for an anti-viral prescription to help prevent this from occurring.
- Allergic Reaction: There is a small to no possibility of an allergic reaction.

Client Signature: _____

Date: _____



Please read and initial all lines:

I agree that the procedure description of body art shown to me is correct to my specifications.

I understand there is a possibility of scarring.

I understand there is a possibility of difficulty in detecting melanoma.

All questions about the body art procedure have been answered to my satisfaction, and I have been given aftercare instructions for the procedure that I am about to receive.

I understand that tattooing is permanent and that if I choose to have it removed, it may be expensive and leave scars.

I am the person on the legal ID presented as proof that I am at least 18 years of age.

I am **not** under the influence of alcohol or drugs and I am voluntarily submitting to be tattooed without duress or coercion.

I understand there is a possibility of an allergic reaction and infection.

I agree to follow all instructions concerning the care of my body art, and that any touch-ups due to my own negligence will be done at my own expense.

I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after procedure.

I understand that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration(FDA) and that the health consequences of using these products are unknown.

Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email the artist.

I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

Fever blisters may occur in lip procedures in individuals who have the herpes simplex virus and it is my (the client) responsibility to obtain a prescription from my doctor for an anti-viral medication to help avoid a breakout.

I understand that Retina A, Alpha Hydroxy and/or Glycolic Acids must not be used on the treated areas. They will alter the color.

I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup lasting results.

I understand that successful lip color saturation can NOT be guaranteed due to hidden scar tissue.

I accept the responsibility to explain the artist my desire for specific colors, shape, and position for any procedure done today.

I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond the artists control and I will need to maintain the color with future applications and a touch up session within 30-60 days.(Follow up appointment)

I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize _____ theto perform on me the Permanent Makeup procedure.

Client Signature: _____

Date: _____



Post procedure, what to expect?

- Swelling, itching, scabbing, light bruising and dryness. Ice packs are a nice relief for swelling and bruising.
- Too dark and slightly uneven appearance: After 2-7 days the darkness will fade and once the swelling dissipate, unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks, we can make any adjustments during the touch up appointment.
- Color change or color loss: As the procedure area heals, the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment and is why the touch up is necessary. The procedure area has to be completely healed before we can address any concerns/ adjustments . This takes at least four weeks.
- Needing a touch up months or years later: A touch up may be needed within 1 to 3 years after the initial procedure, depending on your skin, medications and sun exposure.

Failure to follow after care instructions may result in infections, pigment loss or discoloration.

I have read and understood the nature, risk, and possible complications 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, allergic reaction, scarring, inconsistent color, and spreading, or fading pigments.

Although the artist specializes in state of the art techniques, I understand that actual color of the pigment may be modified slightly, due to the tone and color of my skin. I understand that this procedure is an art, not an exact science.

I have received 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 and may result in loss of pigment.

ACKNOWLEDGEMENT: My questions regarding the Permanent Makeup procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release _____ from all liabilities associated with the above indicated procedure/(s) .

Client Signature: _____ Date: _____

Photography Release Consent:

I understand that the taking of before and after photographs of the following procedure(s) is a condition of such procedure(s). I grant permission for the use of the photographs, or electronic media images as identified, in any presentation of an and all kind.

Client Signature: _____ Date: _____

Thank You For Choosing Lasting Impression!



For Technician Use Only:

<u>Date</u>	<u>Service</u>	<u>Colors Used</u>	<u>Total Price</u>	<u>c/c</u>	<u>Tech</u>
				<u>Cash</u>	
				<u>C/C</u>	
				<u>Cash</u>	
				<u>C/C</u>	
				<u>Cash</u>	
				<u>C/C</u>	

*Technician Notes
