**Permanent Make Up Consent Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How were you referred\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby request and consent to the application of permanent cosmetic tattooing and have the following procedures performed:

□ Eyebrows □ Upper Eyeliner □ Lower Eyeliner

**PLEASE READ ALL PARAGAPHS**

I understand that the process used in cosmetic tattooing is not a one-step process and may require multiple procedures to achieve the desired results. I realise that the healing process takes at least 4 weeks and that there will be at least 4 weeks between procedures, regardless of how many procedures are required to achieve the desired results.

I understand that the fee for each touch-up session of Permanent Makeup procedures is €150 and must be completed within 3 months of the initial procedure to qualify as a touch-up. Touch-up sessions of procedures completed by technicians other than Sherise Reed or after 4 months of the initial procedure ranges from a minimum of 60% of full fee to 100% of full fee after 2 years. Payment is rendered upon completion of each session. There is a non-refund policy.

I understand that this is a cosmetic tattoo and with time pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and use of chemicals such as Retin-A and Glycolic acids. Touch-up maintenance work will be expected in the future to keep it looking fresh.

I acknowledge that no guarantees have been made to me concerning the results of this procedure.

I understand that there are some known possible complications of permanent cosmetic procedures including redness, swelling, puffiness, corneal abrasions, dark patches, allergic, reactions, pigment migration and tenderness. I also understand that this is normal to lose approximately 1/3 of the colour during the healing process. I realise that after the procedure the colour will appear to be too dark and that in about 6 days the colour will appear to change and that after about 10 days the colour will appear in its final form and will appear softer since the colour has moved from the dermal to the epidermal layers of the skin.

A patch test is advisable however it does not ensure a client will not have an allergic reaction. I consent \_\_\_\_\_\_\_\_\_ or waive \***\_\_\_\_\_\_\_\_\_\_** patch test (please initial). If waived, I release the technician and salon from liability if I develop an allergic reaction to the pigment or any products used. (If you require a patch test you must wait 2 hours before we can start the procedure)

I realise there will be a period of time when scabs may form and the skin will slough off and that I am not to touch these areas during this time.

I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments, which include risk of infection, scarring, eye damage, inconsistent colour, haemorrhage, and possible spreading, fanning or fading of pigments and or allergic reaction to any products used. I fully understand that this is a tattooing process and therefore is an art not a science.

I understand that in the event of an MRI or CAT scan I will need to inform my physician and/or technician that I have had permanent cosmetic procedures as a pulling, tingling, or burning sensation can occur during these tests. I also understand that having a permanent cosmetic procedure may restrict my ability to donate blood for one (1) year.

I have received and acknowledged pre and post procedure instructions and agree to strictly adhere to such instructions including refraining from wearing makeup or contact lenses for 3-5days following the procedure. When I resume wearing makeup I will use only new eyeliner, lipstick, mascara, or brow pencil according to the procedure I have had done.

I accept responsibility for determining the colour, shape, and position of the pigments that will be applied and will approve such applications before the procedure begins. I understand that actual colour of the pigment may be modified slightly due to the tone and colour of my skin and that because of the elasticity of the skin the shape may change slightly from that which I originally approved. However I know that every effort will be made to make the final result flawless.

I understand that topical anaesthetics will be used for my comfort and to enhance the permanent cosmetic procedure and experience. I realise that there are some people who are allergic to topical anaesthetics and will acknowledge this fact if I have ever had any such problems.

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.

I understand the taking of before and after photographs is required. I also understand that exceptional photographs or results may be used in advertising or promotional materials and give permission for such usage. I also understand that any photographs will not be used for such purposes if I withhold my permission.

I have read and understand the contents of each item above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realised from or consequences of, the aforementioned procedure(s). I request the permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure. I further acknowledge that at the time of signing this consent to this procedure(s). I was of sound mind and capable of making independent decisions for myself and that no one has coerced me into making this decision; I am not under the influence of alcohol or drugs. I also agree not to hold either Sherise Reed or anyone who may be assisting her liable for any reactions, outcomes, or occurrences that may or may not result from having this procedure(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients Signature Date

**Medical History and Procedure Chart**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are now taking or recently have taken (within last 6months) any of these drugs please circle below. You may need a physician’s release prior to your procedure.

**Aspirin Anticoagulants Antibiotics \*Antasuse**

**Diabetic Meds Heart Meds Zovirax \*Roaccutane**

**Blood Pressure Meds Seizure Meds Blood thinners \*Warfarin**

Please circle if you have or had (within last 5 weeks) any of the following. You may need a physician’s release prior to your procedure.

**\*Haemophiliac \*Blurred Vision \*Hepatitis \*Radiotherapy**

**\*Fever Blisters/Cold Sores \*Chemotherapy Alopecia \*History of seizures**

**Any breast problems Collagen Injections \*Skin Disorder \*Epilepsy (time since last seizure)**

* Could you possibly be pregnant? YES NO
* Are you a nursing mother? YES NO
* Did you ever have chicken pox? YES NO
* Do you get fever blisters or cold sores? YES NO
* Do you currently have an outbreak? YES NO
* Are you allergic to or ever had a reaction to Vaseline or any other topical healing ointments?

YES NO

I certify that I have read and initialled the above paragraphs and have had them explained to me and fully understand the above consent and procedure permit; That the explanations therein referred to were made and I accept full responsibility for these and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients Signature Date