

INFORMED CONSENT TO PROCEDURE

Initial:

Yes No

1. Are you pregnant or nursing? _____
2. I absolutely understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results and the 100% success cannot be guaranteed. _____
3. I have received, reviewed and understand the pre-procedural instructions as given to me and agree to follow them. _____
4. Depending on the procedure(s), which I select, I accept responsibility for determining the shape, and position of eyebrows, eyeliners, lipliner and/or full lip color. _____
5. I understand that the color selection and color results in all procedures are not an exact science. _____
6. I understand that positioning of my procedures can be affected if I have elected or wish to elect cosmetic surgery, Botox or Restalyne and I assume this responsibility. . _____
7. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. _____
8. If I am a lens wearer, I realize that I must keep my lenses out the day of an **eyeliner procedure**. _____
9. I understand that this procedure will fade and this fading can alter the original pigment color and that this determines that it is a time for a touch-up visit. _____
10. I realize this is an elective cosmetic procedure and is not medically necessary. _____
11. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness or other discoloration; swelling; fever blisters on the lip area following lip procedures and/or fading or loss of pigment. _____
12. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent make up dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent make up. _____
13. I give my consent to practitioner to confer with my physicians for medical information required for the safety of my procedures. _____
14. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner. _____
15. I am aware that if an infection occurs after I have received Permanent Cosmetics to see with my primary physician or an emergency room, **immediately**. _____

ACCEPTANCE:

I have read and understand these risks listed above and they have been explained to me. I certify that the information in the above questionnaire is accurate and my questions have been answered.

*****Please read all questions thoroughly before signing!!***

Signature of Client X _____

Signature of Practitioner _____ **Date** ____ / ____ / ____