



CONSENT FOR APPLICATION OF PERMANENT MAKE-UP

Name: _____ Date: _____
(Last) (First)

Procedure(s): _____

PROCEDURE CONSENT

I fully understand that the nature of the procedure being used is micro insertion of pigment into the dermal layer of the skin. The methods of application and the possibility of complications and risks have been fully explained to me. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of procedure. These risks include but not limited to:

- Pigments can and will fade, inconsistent color, and spreading
- Infections can occur and scarring
- There are few effective methods for pigment removal
- Actual color of the pigment may be modified slightly, due to the tone and color of my skin
- Color will appear brighter and more sharply defined immediately after the procedure. As the healing progresses, color will soften
- Allergic reactions to topical anesthetics can occur
- Allergic reactions to the pigment

I fully understand this is a tattoo process and therefore not an exact science, but an art. I acknowledge that the final outcome of this procedure will not be obtained during the first visit, and that it may take several applications to achieve the desired results. These applications scheduled one month apart. You are required to come back for one touch-up visit per procedure. I understand that no warranty or guarantee has been made to me as to the final results.

I have been informed as to all pre and 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.

Please read and initial the below statements:

I consent to the taking of "before and after" photographs for charting purposes.
I consent to the use of showing my photographs to new clients.

I certify that I have read, had explained to me and fully understand the above consent and procedure permit, and that I accept full responsibility for any complications which may arise or result during or following the cosmetic procedure which is to be performed at my request. All blanks were completed prior to my signature below.

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ONLY**