

STATEMENT OF CONSENT AND RECITALS

(Please read and write your initial all lines)

_____ 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 my technician.

_____ I understand that a certain amount 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 responsibility to obtain a prescription from my doctor for an anti-viral medication to help avoid breakout.

_____ I understand that Retin A, Renova, Alpha Hydroxy and 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.

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

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm schedule for an MRI.

_____ I accept the responsibility for explain to my technician 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 my control and I will need to maintain the color with future applications and a touch up session within 60 days.

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

_____ I have been quoted the cost of today's appointment which includes one (1) touch up after 30 days and within 60 days. After 60 days a fee will apply and there will be no refunds for this elective procedure(s).

_____ 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 authorized _____, as my microblading technician to perform on my body the 4D, S3, 6D, or 3D Eyebrow Embroidery procedure desired today.

Signed _____ Date _____

(please sign over printed full name)