

Full Lip/Lip Liner Consent Form

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Your First touchup is complimentary ONLY when paying full price, discounted procedures Do have a 1st touchup charge of \$50-\$75. Additional touch ups do have a charge as well.

Cancellation and Late Policy

The most valuable thing you can give someone is your time, and we fully believe that everyone's time should be respected. We understand sometimes it is necessary to reschedule or cancel an appointment; however, we ask that 72 hours notice is given prior to cancelling. In the event that you are unable to give us a 72 hours notice, a cancellation or "No Show" fee of \$50 will be charged to your card. If you arrive more than 10 minutes late to your scheduled appointment, we have the right to ask you to reschedule. We apologize for any inconvenience this may cause.

Client Signature

Date

Permanent Cosmetics Contraindications

- under 18 years of age
- diabetes
- pregnant or lactating women
- glaucoma
- skin diseases such as psoriasis, eczema and undiagnosed rashes or blisters on the site that is to be treated, easily form keloids
- allergies to makeup
- easily triggered post inflammatory hyperpigmentation
- transmittable blood conditions like HIV or Hepatitis
- active skin cancer in the area to be tattooed
- hemophiliac
- healing disorder
- blood thinners
- uncontrolled high blood pressure or mitral valve disorder
- Accutane or steroids
- Active shingles
- Sunburn
- oily skin
- Anemia or other abnormal bleeding conditions
- autoimmune disease
- Narcolepsy and fainting
- Metal Allergies
- EXISTING TATTOO ON DESIRED PROCEDURE AREA

*Let me know if you have/had allergic reactions to topical anesthetics.

Flu or Cold: Please stay home, reschedule your appointment if you have a cold or flu or sinus/respiratory infection

Eye lift or blepharoplasty: Wait about 3 months

Signature: _____ Date: _____

Photography and Videography Release

Before and After photos/videos may be taken and kept on file. We would like your permission to use these photos/videos for advertising of ANY kind. YES / NO

Signature: _____ Date: _____

Possible Risks and Complications (initial points)

- Excessive bleeding, which can GREATLY AFFECT results. Excessive bleeding can be due to many factors beyond technicians' control. _____
- Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others. _____
- Infection: Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. _____
- Uneven Pigmentation or poor color retention. This can result from poor healing, infection, bleeding. Excessive scabbing 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 with the bruising and swelling will typically disappear within 1-5 days. _____
- Anesthesia: Topical anesthetics are used to numb the area to be tattooed. 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 me now. _____
- MRI: Because pigments used in permanent cosmetic procedures contain inert oxides, a low-level magnet may be required if you need to be scanned by an MRI machine. _____
- Fever Blisters: If you are prone to cold sores or fever blisters, (herpes simplex), there is a high probability that you will get them. It is advised that you call your doctor for a prescription antiviral to help prevent this from occurring. _____

Signature: _____ Date: _____

Full Lip/Lip Liner Tattooing Pre-care

It is absolutely crucial that you follow your Pre-Care instructions to achieve the full result.

- Minimal to no caffeine may be consumed prior to procedure.
- NO tanning for 1 week prior to procedure.
- NO Accutane for 6 months prior to procedure. → NOTIFY STAFF IF YOU HAVE BEEN TAKING ACCUTANE!
- Minimal to no exercise prior to your procedure.

Please plan all procedures 1-6 weeks prior to a special event or vacation. This allows adequate time for healing. Your desired liner/lip cannot be achieved in just one session; it is a 2-step process and is not uncommon to lose 30% to 80% of your color after the first treatment. Some clients need MORE than two sessions to achieve their desired density and shape. If excessive bleeding occurs, extra appointments may be necessary for desired outcome of procedure may not be effective.

It is absolutely crucial that you follow your Pre-and Post-Care instructions to achieve the full results of the lip procedure. If directions are not followed there is a risk that your procedure results won't last as intended. Scabbing is normal, amount of scabbing cannot be predicted as each person is different. Excessive bleeding can cause excessive scabbing.

Signature: _____ Date: _____

NOT EVERYONE FOLLOWS THE EXACT HEALING SCHEDULE, THIS IS ONLY THE AVERAGE HEALING. YOUR PERMANENT COSMETIC PROCEDURE CAN GO THROUGH NO FLAKING, SOME FLAKING, SCABBING, COLOR LIGHTENING, COLOR LOSS, SPOTS THAT FADE, SPOTS THAT DO NOT FADE, IT MAY TAKE MORE THAN ONE TOUCH UP TO ACHIEVE YOUR DESIRED LOOK, FULLNESS AND OUTCOME, MIRCROBLADING, PERMANENT EYEBROWS, PERMANENT EYELINER AND OTHER PERMANENT COSMETIC PROCEDURES MAY NOT WORK FOR YOU AND I AM SIGNING THIS SHEET KNOWING THIS AND WILL NOT HOLD TECHNICIAN AT FAULT. INITIAL _____

Signature: _____ Date: _____

Do you presently have or previously have had any of the following? (Circle yes or no)

- | | | |
|--|---|---|
| Yes/No Botox | Yes/No Eyelid Surgery | Yes/No Abnormal Heart Condition |
| Yes/No Diabetes | Yes/No Hepatitis (A,B,C,D) | Yes/No Contact lenses NOW |
| Yes/No Lip Fillers | Yes/No Brow Lift/Face Lift | Yes/No Chemical Peel: if yes last date: _____ |
| Yes/No Cold Sores/Fever Blisters | Yes/No Easy Bleeding | Yes/No Pregnant or Breastfeeding |
| Yes/No Oily Skin | Yes/No Tan – Both or Sun | Yes/No Acne treatment or Accutane |
| Yes/No Difficulty numbing with dental work | Yes/No Blood thinners such as Aspirin, Ibuprofen, alcohol, Coumadin | |

List any allergies to any foods or medications: _____

List any diseases or disorders not listed: _____

List Medications or Vitamins you are currently taking: _____

I agree all the above information is true and accurate to the best of my knowledge. I have viewed the risks and complications, contraindications, and have followed my pre-care.

Signature: _____ Date: _____

Statement of Consent (please initial)

_____ 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 of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

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

_____ 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 in explaining to you my desire for specific color, shape, and positions for any procedure done today.

_____ I understand that implanted pigment color can slightly change or FADE completely over time due to circumstances beyond your 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) has the possibilities of complications during and/or following the procedures such as: risk of infections, misplaced pigment, excessive bleeding, poor color retention and hyperpigmentation.

_____ I will have my touchup 30 days to 60 days after initial apt. After 60 days, a fee will apply and there will be NO REFUNDS for this elective procedure. I may need more than 1 touchup.

_____ I accept full responsibility for the decision to have this cosmetic tattoo and or microblading work done. I fully understand there is NO REFUND, and this procedure may not have the outcome I expected.

I certify that I have read the contents of this form. I understand the risks and alternatives in this procedure(s) and I have had the opportunity to ask questions and get them answered. I acknowledge that I have reviewed and approved the material and give authorization for **SHAR MILLER**, as my permanent cosmetic technician to perform my appointment.



Signature: _____ Date: _____

Consent and Release Agreement for Permanent Cosmetics

This form is designed to give information needed to make an informed choice of whether or not to undergo a permanent cosmetics application. If you have questions, please don't hesitate to ask. Although permanent cosmetic tattooing is effective in most cases, NO guarantee can be made that a specific client will benefit from the procedure. Microblading is not permanent. There is NO REFUND!

Generally, the results are excellent. However, a perfect result is not a realistic expectation. A touchup is IS needed 30-60 days after the healing is completed. YOU MAY NEED MORE THAN ONE TOUCHUP TO ACHIEVE DESIRED RESULTS. LIP TATTOOS TYPICALLY LAST 1 TO 3 YEARS DEPENDING ON LIFESTYLE, SKIN TYPE, AND AFTERCARE. RESULTS VARY PER PERSON. You are SIGNING this KNOWING that color retention is NOT guarantee.

Signature: _____ Date: _____

RESULTS/OUTCOME DISCLOSURE

It has been reviewed multiple times that my color MAY FADE SIGNIFICANTLY and will also FADE IN AND OUT DURING THE ENTIRE HEALING PROCESS. PERMANENT COSMETICS PROCEDURES ARE NOT FOR EVERYONE; I MAY BE ONE OF THEM.

Signature: _____ Date: _____

RESULTS vary (EVEN AFTER HEALING) depending on but not limited to: please initial point

- how your body metabolizes the color *INITIAL* _____
- Environmental factors *INITIAL* _____
- sun exposure (even after healing) *INITIAL* _____
- tanning (tanning bed or direct sun even after healing) *INITIAL* _____
- SMOKING (this is big one) *INITIAL* _____
- skin care products/makeup *INITIAL* _____
- herbal supplements *INITIAL* _____
- underlying OR undiagnosed medical conditions *INITIAL* _____
- use of certain medications *INITIAL* _____
- hormones *INITIAL* _____
- not following ALL instructions *INITIAL* _____
- unknown causes (which are beyond any person's control) *INITIAL* _____
- PICKING OR SCRATCHING TREATED AREA *INITIAL* _____
- LAKE WATER/ CHLORINATED POOLS AND HOTTUBS (even after healing) *INITIAL* _____
- chemical peels, microderm treatment, anti-aging treatments *INITIAL* _____
- pregnant OR nursing *INITIAL* _____

To Shar and to all whom this contract may concern, I _____ have carefully read and understand EVERYTHING I have signed and have had all my questions answered, I am choosing to proceed on my own free will and am in a healthy state of mind to do so.

Signature: _____ Date: _____

I HAVE CAREFULLY READ EACH SHEET AND SIGNED EACH AND EVERY SHEET IN MY PACKET PRIOR TO START OF SERVICE AND AM CHOOSING TO CONTINUE WITH MY PROCEDURE UNDERSTANDING FULLY AND COMPLETELY.

Signature: _____ Date: _____