

INFORMED CONSENT AGREEMENT

CLIENT NAME: _____

The nature and method of the proposed permanent cosmetic (cosmetic tattoo) procedure has been fully explained to me by my technician and/or by her or his associate(s) including the usual risks inherent in the tattooing process, and the possibility of complications during or following its performance.

I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Additionally, fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur; however, if properly cared for, is rare.

- I have informed my permanent cosmetic technician and/or her or his associate(s) of any and all existing health problems.
- I acknowledge that complications are always possible as a result of the permanent cosmetic procedure, particularly in the event my post-procedural aftercare instructions are not followed.
- I acknowledge that hyperpigmentation (darkening of skin) or hypopigmentation (the absence of colour in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realise that my body is unique and that my permanent makeup technician and/or her or his associate(s) cannot always predict how my skin may react as a result of this procedure.
- I acknowledge the receipt of written instructions advising me of the proper aftercare of my procedures and I recognise the absolute necessity for following these instructions.
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.
- I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and injections may alter and degrade my permanent makeup. I further understand that such changes are not the responsibility of my permanent makeup technician. I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures.
- I am aware that cosmetic tattooing is not an exact science and I acknowledge that no guarantees have been made to me as to the results of this procedure.
- I authorise my permanent cosmetic technician and/or her or his associate(s) to obtain pre-procedural and post-procedural photographs and give her or him permission to use such photographs for publication and/or for teaching purposes, as she or he chooses.
- I am aware that the herpes simplex virus type 1 (HSV-1) (fever blisters or cold sores) may occur as a result of the lip procedure due to trauma to the lip tissue. The anticipation of an outbreak may be pre-treated with antiviral medication, available by prescription from your physician.

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THE BEAUTY ROOM

- I understand that tattoos may cause MRI (Magnetic Resonance Imaging) artifacts and that there may be a warming and/or tingling sensation in the permanent cosmetic procedural area during the MRI due to the iron oxide (metallic salts) properties of some pigments. It is understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event that a MRI procedure is prescribed.
- The fee for permanent makeup services has been explained to me and has been agreed upon. I understand the total fee for services rendered is due upon completion of the initial procedure(s) and that there will be separate fees for any future modification of the design(s) or major colour change(s).
- Due to the fact that my approval is obtained prior to final selection of colour to be implanted and design application(s) to be applied, my technician employs a no refund policy.
- For some skin types and procedures, permanent cosmetics may be a multisession process. In addition to your initial application you are entitled to a post-evaluation appointment. At the post-evaluation appointment, it will be determined if a touch-up to the initial application is required. You must schedule your post-evaluation within 3-4 weeks from the date of the initial procedure.
- It has been explained to me that immediately after the procedure(s) is completed, the colour will appear darker than when the procedure heals. It has also been explained that within a short period of time, during the healing process, the colour will soften.
- All colour fade – this is a fact that also applies to pigments/inks used for cosmetic tattooing. After your procedure(s) have been performed and any subsequent work performed at the post-procedure appointment, the pristine appearance of your permanent cosmetics is dependent on daily maintenance, of avoiding direct sunlight (intentional tanning), avoiding strong chemicals applied to the procedural area and applying sun block daily (frequently if in a situation where activities take you into the sun). Colour refreshers will be needed at some point in the future. The timeframe for that need cannot be predicted as this aspect of permanent cosmetics is very client specific. If the procedural area is dense enough (can be easily seen) that one application of pigment/ink will bring the colour back to its original appearance, a colour refresher fee will be charged that represents a lower charge than the fee that is charged for new work. If the procedural area is extremely light and only represents a weak version of the original procedure, or if it is not visible, a procedure fee for new work in effect at the appointment when the colour is reinstated will be charged.
- I have read and understood the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realised from, or consequences of, the aforementioned procedure(s). I understand that no refunds will be given.

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about permanent makeup procedure(s) and process(es) from my permanent makeup technician and/or her or his associate(s). I have disclosed any relevant medical information or conditions that may be a contra-indication to the treatment.

CLIENT SIGNATURE: _____ Date: _____

PRACTITIONER SIGNATURE: _____ Date: _____