

# CONSENT FOR PROCEDURE FORM

CUSTOM BEAUTE  
PERMANENT COSMETICS



Client Name:	Date:	Female / Male:	DOB:
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The nature and method of the proposed permanent cosmetic (micropigmentation) procedure has been 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 that 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. Fever blisters may occur on the lips following lip procedures. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur; however, if properly cared for, is rare.

\_\_\_\_\_ Request or Decline Skin Test (circle one). I understand that a pigment (skin) test is available upon request and the test result is not viewed by a medical professional unless I make arrangements to have this done myself. A nonreactive skin test does not preclude an allergic reaction occurring at a future point in time.

\_\_\_\_\_ I have informed my permanent cosmetic technician of any 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 instructions are not followed.

\_\_\_\_\_ I acknowledge that hyper pigmentation (darkening of the skin) or hypo pigmentation (the absence of color in the skin), displacement of color, or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and that my permanent makeup technician cannot predict how my skin may react as a result of this procedure.

\_\_\_\_\_ I acknowledge the receipt of written pre/post treatment instructions advising me of the proper care of my procedures and I recognize 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 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 that no guarantees have been made to me as a result of the procedure.

\_\_\_\_\_ I authorize my permanent cosmetic technician 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 he/she chooses.

\_\_\_\_\_ I am aware that the herpes simplex virus type 1 (HSV-1), fever blisters or cold sores may occur as a result of a lip procedure due to trauma to the lip tissue. The anticipation of an outbreak may be pretreated with antiviral medication, available by prescription from your physician.

\_\_\_\_\_ 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 in the event an MRI procedure is prescribed.

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\_\_\_\_\_ 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 color change(s).

\_\_\_\_\_ Due to the fact that my approval is obtained prior to final selection of color to be implanted and design application(s) to be applied, my technician employs a no refund policy.

\_\_\_\_\_ For most skin types and procedures, permanent cosmetics will require a minimum of 2 sessions 30 days apart for eyeliner and brows, and 3 sessions for lips 45 days apart. In addition to the initial required application(s) you are entitled to a post-evaluation appointment at no charge if needed to finalize any color which must be scheduled within 45 days after the initial required procedure(s).

\_\_\_\_\_ It has been explained to me that immediately after the procedure is completed, the color will appear darker than when the procedure heals. It has also been explained that during the healing process, the color will soften or may require multiple treatments for desired color results.

\_\_\_\_\_ All color fades – this is a fact that also applies to pigments/inks use for cosmetic tattooing. After your procedure(s) has been performed and any subsequent work performed at the post-procedure appointment, the pristine appearance of your permanent cosmetics is very dependent on daily maintenance of avoiding direct sunlight (intention tanning) avoiding strong chemicals applied to the procedural area, and applying sun block daily (frequently if in a situation where activities take you in the sun). Color refreshers will be needed at some point in the future. The time frame for that need cannot be predicted, as this aspect of permanent cosmetics is very client specific. Procedures after the completion of the initial session(s) are charged by each individual session.

\_\_\_\_\_ For Dry Needling procedures can require multiple sessions for best results and that I understand that no guarantees have been made as to the outcome of the treatment, and that visible redness may be present for several days after the procedure. I understand that I need to keep the area clean and free of debris during the healing process and to apply the recommended Vitamin E crème and to keep it moist at all times. Makeup that is of pure mineral consistency can be applied after 48 hours of healing. Additional treatments can be scheduled after 6 weeks of healing.

\_\_\_\_\_ I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure.

\_\_\_\_\_ 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 processes from my permanent makeup technician and/or her associate(s).

Client Name: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the above information with my client, or the client's representative.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_