



Permanent Makeup
Brows · Eyes · Lips

PERMANENT MAKEUP CONSENT FORM

Name: _____ Age _____ Date of Birth: _____

Mailing Address: _____

Phone # _____ Email _____ Today's date _____

Procedure in which I'm planning to, or am having done:				
Eyebrows	Upper Eyeliner	Lower Eyeliner	Full Lip Color	Lip Liner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Micropigmentation is the process of placing pigment into the dermis. This process is considered a tattoo. These pigments can last a few years or indefinitely, depending on the skin tone and the intensity of the color that is used. Results vary and you may require an occasional touch-up if color fades.

The need for a touch-up varies from person to person. Touch-ups cannot be scheduled any sooner than four weeks following the previous procedure. The skin needs at least four weeks to completely heal and may need longer depending on the maturity of your skin. Factors such as smoking and your immune system being suppressed can play a role in your touch up being delayed.

Medical and Skin History

Are you pregnant/nursing? Yes No

Do you smoke? Yes No

Do you wear contact lenses? Yes No (They must be removed for eyeliner procedure).

Do you have any allergies? Yes No (If yes, please specify)

Are you allergic to any metals? Yes No

Do you have any tattoos? Yes No

Have you had any permanent make up procedures before? Yes No (if yes, please specify)

Are you taking any medications? Yes No (if yes, please specify)

Are you able to take any over-the-counter antihistamines? Yes No

Are you allergic to any topical antibiotic preparations? Yes No

Have you had an allergic reaction to any anesthetics in the past Yes No

Have you ever had a cold sore/sun blister/fever blister? Yes No

Are you using any active products such as retinoids, hydroxyl acids, or other exfoliants? Yes No

Are you taking Vitamin E or any other kind of blood thinners? Yes No

The Following may occur after your permanent cosmetic procedure:

- Discomfort/Swelling: discomfort is usually mild and can be controlled with over-the-counter ibuprofen. Swelling may be mild or severe and varies from person to person and also will depend on the location the tattoo is being done.
- Bruising: bruising is rare, but can occur, it is mild and will resolve within a few days.
- Pigment Intensity: immediately following the procedure, the pigment will appear dark/vibrant. The color will fade within 7 to 10 days and settle into the final color. In some cases, the color will completely fade and the area will have to be redone.
- Color: effort will be made to achieve the exact color desired, but an exact match cannot be guaranteed due to different undertones in the skin and pigments being used as well as the skin's interaction with pigment.
- Pigment Irregularity: the pigment may heal inconsistently, with some areas healing lighter/darker than others. This is normal and cannot be anticipated. The touch up procedure will correct this.
- Eyelash Loss: although uncommon, a few lashes may fall out with the eyeliner and/or eyelash enhancement procedure.
- Corneal Abrasion: is rare, but has happened before in the history of performing permanent cosmetic procedures.
- Infection: is very rare, but can occur if the treated area is not kept clean and protected with the recommended ointment.
- Herpetic Breakout: this can occur with lip procedures if someone is prone to cold sores. An anti-viral must be taken a few days prior to the procedure and following the procedure for prevention and healing.

FINAL CONSENT FOR PERMANENT COSMETIC PROCEDURE

_____ I have read and understand the nature, risk, and possible complications of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to infection, allergic reaction, scarring, inconsistent color and spreading, fanning or faded pigments. Although the tattoo artist specializes in state-of- the-art techniques that usually only require one touchup, I understand that the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I understand that this procedure is an art, not an exact science.

_____ I have received 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 and may result in loss of pigment.

_____ I consent to having “before and after” photographs taken for the purpose of documentation. I understand that they may be used on the web, for social media purposes, advertising, etc.

Yes No

I consent to the use of photographs for advertising and patient education purposes.

Yes No

I consent to the use of local (topical) anesthetics?

Yes No

Please list any additional pertinent information about yourself that may affect your cosmetic experience that may not have been mentioned above:

Client Signature: _____

Date: _____