

**SEMI-PERMANENT MAKE-UP (Cosmetic Tattoo) INFORMED CONSENT FORM**

Name:					
Age		Address			
Phone Number:			Email:		
Emergency Name/Number:					
Pigment		LOT#		Needle Size	

I am receiving the following Permanent Make-Up procedure(s):  
 Eyebrows\_\_\_\_\_

**Statement of Consent and Recitals: Please initial all lines.**

\_\_\_\_\_ I understand that there are here are contraindications for permanent makeup: Glaucoma, High blood pressure, Cancer, Pregnancy and Breastfeeding, Hemophilia, Mitral valve disorder, Allergy to topical anesthetics and to Medical Nickel instruments.

\_\_\_\_\_ I agree to **have a patch test with the chosen pigment 24hrs prior Permanent Make-Up procedure.**

\_\_\_\_\_ I had read before and after instructions which I will follow to the best of my ability.

\_\_\_\_\_ I agree to before and after pictures. These pictures will become the sole property of the permanent make-up artist and may be used for advertising.

\_\_\_\_\_ I understand that a certain amount of discomfort is associated with this procedure and that minor or temporary swelling, redness, bruising and tenderness may be experienced.

\_\_\_\_\_ I understand that the cosmetic tattoo(s) will appear darker immediately after the procedure than it will one week later. Within three to four days after the procedure, the outer layer of pigment will begin to slough off and the tattoo will then appear lighter, softer and less defined. To prevent THE AREA FROM SCABBING I have to use the Vaseline to inhibit scab formation.

\_\_\_\_\_ I understand that if I decide to change the color, shape or tattoo technic after the initial application that I need additional session(s) to achieve the desired result and depth of color and will be charged full price.

\_\_\_\_\_ I understand that I should advise medical personnel or professional aestheticians of the existence of the cosmetic tattoo if a chemical peel, MRI, or plastic surgery is to be performed near or over the cosmetic tattoo.

\_\_\_\_\_ I understand that since permanent make-up is an ART and not a SCIENCE, that the outcome of the procedure cannot be guaranteed. The reason is due to the fact that there are so many variables related to the client. (i.e., following after care instructions, sun exposure, medications, medical conditions, scar tissue, client's lifestyle and overall health)

\_\_\_\_\_ I understand that fading or loss of pigment may occur due to the fact that skin rejected the pigment or any other unknown factor. I will not hold the permanent makeup artist responsible for any fading or loss of pigment. I also understand that if loss of pigment occurs additional touch-ups may be required and will incur additional fees.

\_\_\_\_\_ I understand that permanent make-up is a multi-session procedure requiring more than one visit to perfect. All procedures take at least 45 days to completely heal. I understand that touch-up applications must be scheduled within 45 days of initial application. The reason is due to the fact that permanent make-up needs to be layered-on or fading may occur. A total of at least 2-3 applications are required in most cases to achieve the final outcome. Amount of bleeding and response to topical anesthetics also can determine coverage per appointment. If excessive bleeding or swelling occurs, extra appointments may be necessary for desired

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outcome or procedure may not be effective. I understand that my payment covers a total of one visit including consultation and Initial Application. Follow-up sessions for touch-up work are: Full Eyebrow \_\_\_\_\_ \$ per visit or Partial Eyebrow \_\_\_\_\_ \$ within 90 days after Initial Application.

\_\_\_\_\_ I understand that implanted pigment can tum color or fade over time due to circumstances beyond technician's control. The original color may be altered by things such as sun exposure, tanning beds, skin care products (especially anti-aging products like Retinols, AHA, BHA, etc.), pools, salinity levels of each person's eyes/skin, general health and other factors. I understand that I will need to maintain the color with future applications every 7 month to 1 year.

\_\_\_\_\_ If I am a tobacco user, I understand that the healing process may be negatively affected and I may have difficulty with color retention.

\_\_\_\_\_ I understand that I must wait one full year following any tattoo/permanent make-up procedure before donating blood, per Red Cross guidelines.

\_\_\_\_\_ I understand that Tattoo removal can be costly and painful.

\_\_\_\_\_ I understand that there will be **NO refunds** after treatment of this elective procedure(s).

\_\_\_\_\_ I acknowledge and accept that the proposed procedure(s) all involve risk inherent in the procedure and the possibility of complications exist both during and following the procedure. Infection, misplaced pigment, migrating pigment, poor color retention, scarring, infections, allergic reactions, corneal abrasions, herpes (cold sore) outbreaks, eye injury, swelling, pain, bruising, minor bleeding, redness, soreness, hyper-pigmentation are a few of the possible complications.

**I will be fully responsible for any and all results which may arise from Permanent Makeup application.**

I do hereby agree to free the permanent make-up artist from any and all claims or suits for damage, for injuries or complications resulting from service provided by the permanent-makeup artist including costs of medical care that may arise from the procedure, including post-procedure care.

By signing below I acknowledge that I have read and understand the above and all of my questions have been answered and that I consent to have the above beauty service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEMI-PERMANENT MAKE-UP (Cosmetic Tattoo) FOLLOW UP NOTES:**

FOLLOW UP 1

FOLLOW UP 2

FOLLOW UP 3

FOLLOW UP 4