ARCH ANGEL
BROW STUDIO

Consent to Application of Permanent Makeup Procedure

Name: DOB: / / Date: / /

Age: Phone: Email:

Street Address:

City: State: Zip:

I, PRINT NAME _____ am over the age of 18, I am not under the influence of drugs or alcohol. I am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

I have been informed of the nature, risks, and possible complications or consequences of permanent pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of procedure, including but not limited to the following: infections, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this a form of tattooing and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of permanent makeup. _____ *(initial)*

There is a possibility of an allergic reaction to the pigments. A patch test is advisable however, it does not ensure a client will not have an allergic reaction. I consent _____ *(initial)* or waive _____ *(initial)* the patch test. If waived, I release the technician from all liabilities if I develop an allergic reaction to the pigment and/or numbing agents. I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. _____ *(initial)*

I have received both pre and post care procedural instructions and I will strictly adhere to such instructions. I understand that my failure to do so many jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. _____ *(initial)*

I, PRINT NAME _____ understand that taking before and after photographs of the said procedure are a condition of the procedure. I certify that I have read and initialed the above paragraphs and have had explained to me this consent and procedure permit. I absolutely understand and accept that such procedure is an elective process, often requiring multiple applications of color to acheive desireable results, and that 100% success cannot be guaranteed from two (2) sessions, occasionally requiring three (3) to obtain full desired color. I accept full responsibility for the decision to have this cosmetic tattoo work done.

MACHINE STROKE NANO BROWS - COST OF INITIAL PROCEDURE: $550 + COST OF 6-12 WEEK TOUCH UP: $200
NANO BROWS // COMBINATION - COST OF INITIAL PROCEDURE: $500 + COST OF 6-12 WEEK TOUCH UP: $100
POWDER BROWS - COST OF INITIAL PROCEDURE: $500 + COST OF 6-12 WEEK TOUCH UP: $100
CONSULTATION FEES - INITIAL CONSULTATION: $50 (NON-REFUNDABLE) APPLIED TO PROCEDURE, UPON SERVICE

CLIENT NAME (PRINTED)	TATTOO ARTIST NAME (PRINTED)
CLIENT SIGNATURE	TATTOO ARTIST NAME (PRINTED)
DATE	DATE

To avoid unforeseen complications, please mark those that apply:

- ❒ Aspirin or any blood thinning medications/supplements within the last 7 days
- ❒ Currently on antidepressants or mood altering medication
- ❒ Currently on antibiotics or anytime within the last two weeks?
- ❒ Recent chemical or laser peel. If yes when?
- ❒ Problems with healing
- ❒ History of fever blisters or cold sores
- ❒ Currently undergoing radiation or chemotherapy
- ❒ Currently using Retin-A or Alpha Hydroxy skin care products
- ❒ Wearing contact lenses
- ❒ Currently taking immunosuppressives, anti-inflammatories or steroids
- ❒ Allergic to topical any topical antibiotic preparation e.g. Polysporin, Bacitracin, Neosporin, Caine family of drugs or Petroleum based products (Vaseline)
- ❒ History of skin diseases or skin sensitivities
- ❒ Currently pregnant or nursing
- ❒ Required to take antibiotics during dental or invasive medical procedures
- ❒ History of heart conditions
- ❒ Recent Botox or injectables. If yes when?
- ❒ Alopecia
- ❒ Taken Accutane (or it's generic) within the past 12 months
- ❒ History of keloid or hypertrophic scars
- ❒ History or Hepatitis or blood disorders
- ❒ History of infectious diseases/bloodborne illnesses
- ❒ History of Epilepsy/ Seizures of any kind
- ❒ History of autoimmune disorders
- ❒ CV-19 Vaccination within two weeks of procedure

Please list any other medical conditions and allergies: _____

_____

Doctor's Name: _____

Doctor's Phone: _____ City: _____ ST: _____

_____
CLIENT NAME (PRINTED)

_____
CLIENT SIGNATURE

_____
DATE

Please initial on each line to confirm you have read and understand the policy:

_____ I understand that services are not eligible for refunds. Time and resources have been spent on the service by the artist.

_____ I understand that results are not guaranteed and strict adherence to aftercare protocol provided at the end of the service is required for the best results.

_____ I understand that deposits are not eligible for refunds.

_____ I understand that before and after photos are required.

_____ I understand that touch up appointments or any follow up appointments where deposits aren't required, I will provide a 72 hour cancellation or reschedule notice to the artist, otherwise I will owe 50% of the service to rebook the appointment.

_____ I understand that if I no-show an appointment, I will be required to pay 50% of the service to rebook.

_____ I understand the initial touch up needs to be performed no later than three (3) months after your initial session to avoid incurring additional charges.

_____ I understand that in rare cases, a third initial touch up can be necessary to acheive desired results. It's not predictable how the skin will take pigment but the artist will adjust technique accordingly, if needed.

_____ I understand that anyone under the age of 18 and non-service animals are not allowed inside of the facility for any reason.

_____ I understand that I will not be under the influence of drugs or alcohol during - or within 24 hours of - my procedure.

_____

CLIENT NAME (PRINTED)

_____

CLIENT SIGNATURE

_____

DATE