

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 may jeopardize my chances for a successful procedure. _____ (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 achieve desirable 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 6-8 WEEK TOUCH UP: \$200

NANO BROWS // COMBINATION - COST OF INITIAL PROCEDURE: \$500 + COST OF 6-8 WEEK TOUCH UP: \$100

POWDER BROWS - COST OF INITIAL PROCEDURE: \$500 + COST OF 6-8 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 (**topical numbing**) 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 of 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: _____

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 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 that a touch up needs to be performed no later than 6-8 weeks after initial session to avoid incurring additional charges due to excessive pigment loss.

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

_____ 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