

CONSENT TO APPLICATION OF PERMANENT COSMETIC PROCEDURE

Name: LAST _____ FIRST _____ Date: _____

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Referred by: _____

Proposed Procedures:

____ Upper Eyeliner ____ Eyebrows ____ Lip Liner ____ Beauty Mark ____ Areolas

____ Lower Eyeliner ____ Scar Camouflage ____ Full Lips ____ Other: _____

I, _____(client) am over the age of 18, am not under the influence of drugs or alcohol 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. X____(initials)

I have been informed of the nature, risks, and possible complications and consequences 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 fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after my eyeliner procedure. 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 is a tattoo process 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 the said procedure(s). X____

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. X____

I have received pre- and 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. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X____

Permanent Cosmetic procedures are multi-session processes. You are required to return for at least one follow-up visit (may be more than one depending on the procedure) before your work is considered complete. Follow-up visits are scheduled at 3 to 4 week intervals. The area will be retouched, made larger or darker at no additional cost to the patron for a period of 12 weeks following the initial application. Touch-up appointments scheduled after 12 weeks shall be charged as follows: Eyebrows...\$125.00 per visit, Eyeliner (Top & Bottom)...\$150.00 per visit, Top Eyeliner Only...\$95.00 per visit, Bottom Eyeliner Only...\$85.00 per visit, Lip Liner...\$150.00 per visit, Full Lips...\$125.00 per visit, Lip Liner with Full lips...\$200.00 per visit, Beauty Mark...\$20.00 per visit. (Fees are subject to reasonable change without notice)

I understand that the taking of before and after photographs of said procedure(s) are a condition of such procedure(s) and is required. Please mark yes or no and initial in the space provided for your permission for Allure to use your before and after photos in our album to show to prospective clients. Yes____ No____ X____

I certify that I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

*Signed: _____(Client) Date: _____