Brow and Beauty Bar - Permanent Makeup

General Consent and Procedure Permit

Clients Full Name _____Mr/Mrs/Miss/Ms

Address_____

_____e-mail_____

I hereby authorize Erin Exline to perform upon myself permanent cosmetic enhancement. If any unforeseen condition arises in the course of the procedure(s) I further request and authorize her to use her full judgment and do whatever he/ she deems advisable and necessary in the circumstances.

I understand that permanent cosmetic enhancement is an advanced form of tattooing.

I accept responsibility for determining the color, shape and position of the enhancement as agreed during the course of my consultation.

I understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware of that allergic response to pigment is rare and accept all responsibility if allergic response occurs.

I am aware that a sensitivity reaction to anesthetics can occur and accept all responsibility if allergic response occurs.

I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over the course of 1-3 years. Even though the color has faded, the pigment will stay in the skin indefinitely and may leave a light residue of color.

I understand that dyes, inks and pigments are not approved by the Food and Drug Administration (FDA) and the health effects are not known.

I accept that the highest standards of hygiene are met, and that sterile disposable needles are used for each individual client, procedure and visit.

I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed. I understand that this is why I need to return for a control procedure that is not included in the initial price.

I understand that the control procedure, if required, will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any procedures. I understand that a control procedure takes place 3- 4 weeks after the initial application to allow the procedure site to fully heal. I will book the appointment when it is convenient for both parties.

I understand that the pigment may migrate under the skin, however this is a rare occurrence.

I understand that permanent cosmetic enhancement is an invasive procedure and the infusion process can be uncomfortable.

I understand that loss of any eyelashes during the healing of permanent cosmetic eye enhancements will result in new eyelash growth over a 4-month period and that eyelash loss is rare and minimal.

Brow and Beauty Bar - Permanent Makeup

I understand that in rare cases that corneal abrasion can occur during eyeliner procedures.

I am aware that the result of the procedure is determined by the following:

- **Medication**
- **Skin Characteristics - i.e. dry/oily/sun-damaged**
- **Natural skin undertones**
- **Alcohol intake and smoking**
- **General stress**
- **A compromised immune system**
- **Poor diet**
- **Post procedure care treatment**

I have been advised that upon completion of the procedure there may be swelling and redness of the skin, which will subside within 1-4 days dependent on lifestyle. In some cases bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, using cosmetics, prolonged exposure to water, excessive perspiration and exposure to the sun should be limited for up to two weeks following the infusion process.

I understand that immediately after the procedure the enhancement can be 30 to 50% darker than the desired result and can take between 4-10 days to lighten. I understand that the true color will be visible 1 month after each application, and that the color may vary according to skin tones, skin type, age and skin conditions. I appreciate that some skins accept color more readily than others and no guarantee of an exact effect or color can be given.

I am aware that if I have had a previous outbreak of cold sores/herpes and receive a lip enhancement I may have an outbreak again following the procedure. I have been made aware that anti herpes medication is available over the counter or on prescription and has been shown to prevent or minimize such outbreaks.

I am aware that that if I have had a previous eye disorder or eye infection and receive an eyelash enhancement, the disorder may reoccur again. I agree to use the correct medication to prevent such a disorder reoccurring.

I am aware that even though my vision is <u>not</u> affected by permanent cosmetic eye enhancements I may wish to have someone drive me home.

I understand that I may experience dry lips for up to two weeks following permanent cosmetic lip enhancement.

I understand that scar camouflage procedures require skin color-matching tests before the procedure commences and will not give the result of an undetectable scar.

I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however is a process.

I agree to inform my doctor of my permanent cosmetic enhancement if I require a MRI scan within a 3-month period of receiving the procedure.

Brow and Beauty Bar - Permanent Makeup

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the practitioner. I understand that infection and possible scarring can occur if I do not adhere to the said instructions.

To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time. I am at least 18 years old. I am not under the influence of drugs or alcohol.

For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s) if the treatment is discounted on an offer price I give my consent for just the area (no full face) before and after pictures to be used for marketing.

I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.

I have read an understood the above information.

Client Name…….Signature……Date……

Practitioner Name……..Signature……..Date…….

Subject to, the agreed design being shown to myself, as well as digital photographs,

I ……(Clients Name) sign to say this is a true picture of the template of what design is required. I sign also to digital photos being taken immediately after my treatment so that there is a true comparison between what was requested and what was delivered.

Signed …….. Date…….

INDIVIDUAL CONSENT

'I declare that I give my full consent to the tattooing being carried out by the aforementioned practitioner. I confirm that potential complications, e.g. infection and swelling, for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given
to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.
I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. 18 years old for tattoos) and that I am not currently under the influence of alcohol or drugs.'

Signature of Client:_____Date:_____
Signature of Operator:_____
Appropriate aftercare advice sheet given to you at end of treatment
Signed: _____

Brow and Beauty Bar - Permanent Makeup

Medical Health Form

Name:_____

Address: _____

_____-_____

Date of Birth: _____**Occupation:** _____

Home Phone:_____**Work:**_____

Mobile:_____ **E Mail**_____

List all the medications you have been taking in the last 6 month

_____

Have you taken any of the following in the last 2 days; Aspirin, Ibuprofen, Alcohol?

_____

Have you received chemotherapy or radiation treatment in the last year?_____

Name of Doctor: _____

Surgery: _____

Allergies: have you ever had an allergic reaction to any of the following:

Antibiotic ointments	**Latex Rubber**	**Nuts**
Medication	**Metals**	**Hair dyes**
Drugs	**Foods**	**Lidocaine**
Paints	**Crayons**	**Glycerin**

Anesthetics (which ones)_____

Other allergies (list)_____

Have you had a dental injection to numb your mouth?_____

Are you presently pregnant or breast feeding?_____

MRI scan scheduled in the next 3 months_____

Laser or IPL scheduled in the next 3 months_____

Do you give blood?_____

Brow and Beauty Bar - Permanent Makeup

Prior to dental procedures do you receive antibiotic therapy?_____
Please fill out the following table with a tick to indicate if any of the following **relate to yourself.**

Abnormal Heart Condition		**Palpitations**	
Mitral Valve Prolapsed		**Heart Murmur**	
Rheumatic Fever		**Pacemaker**	
Artificial Heart Valves		**Anemia**	
Hemophilia		**Prolonged Bleeding**	
High Blood Pressure		**Low Blood Pressure**	
Circulatory Problems		**Diabetes**	
Epilepsy		**Fainting Spells or Dizziness**	
Thyroid Disturbances		**Liver Disease**	
Kidney Disease		**Glaucoma**	
Stomach Ulcers		**Tumors, Growths or Cysts**	
Cancer		**Tuberculosis**	
Stroke		**HIV**	
Prosthetic Hip or Joint		**Systemic Lupus Erythematous**	
Hepatitis		**Shingles**	
Seizures		**Impetigo**	
Cataracts		**Blurred Vision**	
Dry Eyes		**Do you suffer from eye Infections**	
Alopecia		**Ocular Herpes**	
Watery Eyes		**Contact Lenses**	
Eyelid Surgery		**Chapped Lips**	
Trichollomania		**Recent Hair Loss**	
Cold Sores (herpes simplex)		**Auto immune conditions**	
Gore-Tex Implants/Silicone Injections		**Other Tattoos**	
Fat Injections		**Bruise or Bleed Easily**	

Brow and Beauty Bar - Permanent Makeup

Botox Enhancement		**Use of Sun bed**	
Dermal Fillers i.e restylane		**Date of last eyelash/ eyebrow tint**	
Do you have Healing Problems		**Chemical or laser peel within 6 months**	
Do you scar in a raised manner?		**Retin-A within 6 months**	
Do your scars heal a darker color than the rest of your skin?		**AHA preparations within last 2 weeks**	
Keloid Scars		**Sensitivity to Cosmetics**	
Acutance within 6 months		**Do you tan regularly?**	
Steroids within 6 months		**Asthma**	

Others conditions_____

Client Name……..……..Signature……..Date……

Practitioner Name……Signature…… Date……

Chart notes for _____

Date	Procedure	Pigments Used	Needles	Payment Type	Total	Notes

Refill details	Date	Pigment used	Needle	Additional notes	Additional treatment	Date signed off
Eyes						
Lips						
Other						