

INFORMED CONSENT

The nature and method of the proposed Permanent Make-up (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling; Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from _____ and/or any associates, and that all of my questions have been answered to my full and total satisfaction.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND AND ARE IN AGREEMENT WITH EACH STATEMENT BY PLACING YOUR INITIALS BESIDE EACH ONE.

____ I am at least 18 years of age.

____ I understand and accept that such a procedure is a process and often requires multiple applications of color to achieve the desired results and 100% success cannot be guaranteed.

____ I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing _____ problems, and decline a patch test.

____ Any and all subsequent procedures including the first touch up are an additional fee.

____ I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure.

____ Red Heads, blondes & fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not take. Additional procedures may be required to obtain desired results.

____ I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Pilipino etc., the pigment will appear softer and blend more with your own skins melanin and will not appear as bold or defined as on lighter skin types and may appear less visible.

____ Alopecia clients- Due to the change in skin texture, pigments may heal more powdered.

____ Hair stroke eyebrows WILL NOT look as DEFINED or as BOLD as the 1st procedure.

____ I acknowledge & understand that if I have **oily/severely oily** skin the pigment will heal/appear much softer and can look more solid due the over-production of oil glands. The pigment WILL fade quicker. I accept this risk and would like to proceed.

____ ALL procedures require 2 appointments & color boosts every 2+ years to keep the color fresh.

____ I understand that the procedure (s) will fade, and this fading can alter the original pigment color. Fading can be remedied with a touch up visit.

____ Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure.

____ I understand before and after photographs taken belong to Aesthetic Ink LLC and therefore may be used in any way Aesthetic Ink LLC chooses to ; for educational purposes, including instruction, display to professional organizations, websites, social media, and advertising thereof.

____ I understand that any hair removal, such as tweezing, waxing, or electrolysis, must be done no sooner than 1 week prior to procedure and at least 2 weeks following the procedure.

____ In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure.

____ If I wear contact lenses, I understand that I must remove them prior to an eyeliner procedure.

____ If I wear false eyelashes, I understand that I must remove them prior to an eyeliner procedure.

____ I understand that I am to discontinue the use of Latisse, or any lash enhancing growth serums, for a period of 4 weeks prior to having an eyeliner procedure done.

____ I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and/ or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault

of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further Permanent Make-up procedures.

____ I understand this is an elective, cosmetic procedure that is not an exact science and is not medically necessary.

____ I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later change or remove the result.

____ For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). APPROVE_____ (initial) DECLINE_____ (initial)

____ I accept responsibility for determining the color, shape and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin.

____ I understand that if any other technician applies permanent makeup over an area that was originally done by _____; she will no longer perform future treatments. NO EXCEPTIONS

____ I understand the following may occur: minor and temporary bleeding, bruising, redness, or other discoloration, swelling, fading, or loss of pigment, and cold sores (on lips, for those prone to them).

____ I give full consent to Aesthetic Ink, LLC to confer with my physicians or medical practitioners, for medical information required for the safety of my procedure.

____ I agree to accompany my permanent cosmetic practitioner to the emergency room in the event they were to be accidentally stuck with my needle and agree to take a blood test for their safety, as well as disclose all test results to my practitioner.

____ I have disclosed all pertinent medical history and allergies to Aesthetic Ink, LLC to ensure the safety of my procedure(s).

____ Absolutely NO Refunds after services have been performed

____ I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed. I have received, reviewed and understand the written and verbal post procedural instructions as given to me and agree to follow them.

____ Permanent Makeup is an art, NOT a science. Client's results will vary and using a pencil or powder may still be needed. We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue.

____ I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK.

CLIENT SIGNATURE _____ DATE _____

TECHNICIAN _____ DATE _____