

PERMANENT COSMETICS CONSENT FORM

I, _____, acknowledge by signing below that I have been given full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Lashem-N-Leavem, LLC and / or any associates or employees. I also acknowledge that my questions have been answered to my complete satisfaction and regarding this procedure, its risks, benefits and potential outcomes. I specifically acknowledge I have been advised of and agree to the following:

- that it is not reasonably possible to determine whether I may 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 my PC Technician of any and all existing conditions that could impact the outcome of this procedure. It has been explained to me that a patch test is an option for assessing potential for allergic response but due to postponement of my appointment to wait for results of a patch test, I waive the patch test option.
- that complications including infection, scarring, color alteration and dissolution of color are always possible as a result of the Permanent Cosmetic Procedure particularly if post-procedure instructions for care are not followed.
- that my body is unique and the Permanent Cosmetics Technician cannot predict how my skin or the pigment may react as a result of this procedure including but not limited to the following: infection, scarring, inconsistent color, spreading or migrating of color/pigment, fanning or fading of pigment/color. In the case of eyeliner procedure, I understand that corneal abrasions are a potential but rare side effect, especially if I rub or scratch my eyes or apply contact lenses too soon after an eyeliner procedure.
- I understand that the actual color of the pigment may be modified due to the tone and color of my skin.
- that the procedure will result in a permanent change to my appearance and no representations have been made to me as to the ability to later change or remove the result.
- I understand that laser treatments, sun bathing, tanning beds, skin lighteners or other skin-altering procedures such as plastic surgery, implants or injections may alter, degrade or adversely affect my Permanent Cosmetics. I understand and accept that these changes in my appearance are not the fault or liability of the Permanent Cosmetics Technician. I further understand that such alterations in my Permanent Cosmetics appearance may not be correctable despite further permanent makeup procedures.
- If requested, I consent to the admittance of observers in the case of education or assistance for students or other Permanent Cosmetic practitioners.
- That obtaining Permanent Cosmetics Procedure is my choice and my choice alone. I consent to the application of this procedure and its attendant risks, and to any actions or conduct of the practitioner reasonably necessary to perform the procedure. I have received post procedure care instructions and will strictly adhere to these instructions.
- I understand that the taking of photographs before and after my permanent cosmetic procedure is a condition of the procedure and give consent to before and after photography.

Medical Questions

- Are you currently under the care of a physician? Y _____ / N _____
If yes, for what condition or disease process? _____
- Are you currently on Coumadin/Warfarin, Clopidogrel, Aspirin or any other blood thinners? Y _____ / N _____
- Are you currently suffering from Hemophilia or any other bleeding or coagulopathic disorder? Y _____ / N _____
- What allergies do you have? _____
- Are you diabetic, suffer from liver disease, have heart or lung problems or suffer from any seizure disorders? If yes please explain below. Y _____ / N _____

- Do you have or form keloids easily or suffer from any other skin conditions at the site of procedure? If so, please explain: Y _____ / N _____

- Are you pregnant or breast-feeding a child at this time? Y _____ / N _____

I do _____ / do not _____ (please circle and initial) give consent for my photos to be used in marketing and on *Lashem-N-Leavem's* website.

The nature and method of the proposed Permanent Makeup (Tattoo) Procedure has been explained to me as having the 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 events or side effects may occur which include but are not limited to minor and temporary bleeding, bruising, redness or other discoloration and swelling, fever blisters may occur on the lips following lip procedures in some individuals predisposed to this condition. In the case of a lip procedure for clients who have a predisposition to fever blisters, I have visited my physicians and obtained the appropriate prescription medications to prevent or treat any outbreak that may occur following the lip procedure. Secondary infection to procedure area can occur, however, with proper after care the incidence of this is very rare.

Name: _____ Date of Birth: _____

Address: _____

Phone number where you can best be reached: _____

Place a check mark in the circle for the procedure you desire to have performed:

- Eye Brows
- Eyeliner Top Only
- Eyeliner Bottom Only
- Eyeliner Top & Bottom

Who may we thank for referring you to us or how did you learn about us? _____

I have read the above information regarding the risks, benefits and possible outcomes. I have been provided written and verbal instructions on how to care for my permanent cosmetic procedure. By my signature I consent to having this procedure performed on my body and affirm that I will follow the aftercare instructions as explained to me.

Client Signature _____ Date _____