

Informed Consent Form

Name _____ Date of Birth _____ Age _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

How were you referred? _____

I, _____ hereby request and consent to the application of permanent cosmetic tattooing and to have the following procedures performed: Eyebrows
 Upper Eyeliner Lower Eyeliner Lip Liner Full Lip Color

I understand that the process used in cosmetic tattooing is not a one-step process and may require multiple procedures to achieve the desired results. I realize that the healing process takes at least 4 weeks and that there will be at least 4 weeks between procedures, regardless of how many procedures are required to achieve the desired results. _____

I understand that the fee for each procedure is: \$200 for eyebrows; \$150 for upper eyeliner; \$100 for lower eyeliner; \$200 for upper and lower eyeliner combined; and \$400 for full lip color. Each touch-up session of Flawless Permanent Makeup procedures is \$50 and must be completed within 6 months of the initial procedure to qualify as a touch-up. Touch-up sessions of procedures completed by technicians other than those at Flawless Permanent Makeup or after 4 months of the initial procedure ranges from a minimum of 50% of full fee to 100% of full fee depending on the assessment of work required. Payment is rendered upon completion of the session. In the unlikely event of a dispute, I agree to arbitration. There is a no-refund policy. _____

I understand that this is a cosmetic tattoo and with time pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and use of chemicals such as Retin-A and Glycolic acids. Touch-up maintenance work will be expected in the future to keep it looking fresh. _____

I acknowledge that no guarantees have been made to me concerning the results of this procedure and agree that the professional recommendation is a "natural look." _____

I understand that there are some known possible complications of permanent cosmetic procedures including redness, swelling, puffiness, corneal abrasions, dark patches, allergic reactions, and tenderness. I also understand that it is normal to lose approximately 1/3 of the color during the healing process. I realize that after the procedure the color will appear to be too dark and that in about 6 days the color will appear to change, and that after about 10 days the color will appear in its final form and will appear softer since the color has moved from the dermal to the epidermal layers of the skin. _____

I realize there will be a period of time when scabs may form and the skin will slough off and that I am not to touch the areas during this time. _____

I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments. I fully understand that this is a tattooing process and therefore is an art as well as a science. _____

I understand that in the event of an MRI or CAT scan I will need to inform my physician and/or technician that I have had permanent cosmetic procedures as a pulling, tingling, or burning sensation can occur during these tests. I also understand that having a permanent cosmetic procedure may restrict my ability to donate blood for one (1) year._____

I have received and acknowledged pre- and post procedure instructions and agree to strictly adhere to such instructions including refraining from wearing makeup or contact lenses for 72 hours following the procedure. When I resume wearing makeup I will use only new eyeliner, lipstick, mascara, or brow pencil according to the procedure I have had done._____

I accept responsibility for determining the color, shape, and position of the pigments that will be applied and will approve such applications before the procedure begins. I understand that actual color of the pigment may be modified slightly due to the tone and color of my skin and that because of the elasticity of the skin the shape may change slightly from that which I originally approved. However I know that every effort will be made to make the final result flawless._____

I understand that topical anesthetics will be used for my comfort and to enhance the permanent cosmetic procedure and experience. I realize that there are some people who are allergic to topical anesthetics and will acknowledge this fact if I have ever had any such problems._____

I understand the taking of before and after photographs of procedures are required and that some photographs may be taken during the procedure. I also understand that exceptional photographs or results may be used in advertising or promotional materials and give permission for such usage. I also understand that any photographs will not be used for such purposes if I withhold permission.

Permission granted Permission withheld

I have read and understand the contents of each item above. I acknowledge that 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 and that no one has coerced me into making this decision. I also agree not to hold either George Davis or anyone who may be assisting him liable for any reactions, outcomes, or occurrences that may or may not result from having this procedure(s).

Clients Signature

Date

Technicians Signature