



CONSENT FORM

Name: _____

Address: _____

Email: _____

Phone: _____

Date of birth: _____

Occupation: _____

How did you hear about Precision Beauty Studio? _____

Oath:

"I realize that permanent makeup is always, at a minimum, a two-step process. I will lose color, but I will not panic. I will be concerned, but I will not panic. I understand the technician has no control over how much pigment my body will retain, but I will trust the process and the information that is being told to me, just as I have trusted Precision Beauty Studio to do my procedure. I may doubt what I've been told by Precision Beauty Studio and in this case, I will do my own research, so I am educated about the procedure because I realize that an educated client, is a happy client. Once I am done today, I will only be 50% done with my procedure and will come back for a minor touch up, to another 3-hour procedure if necessary which will cost me just \$50 in 4-6 weeks. I will not freak out half way through the process. I will soon realize by the end of my session, that I am in good hands and will have the best experience because Precision Beauty Studio cares about people. Nothing else is more important than people. I will be taken care of and everything that can be done for me, will be done for me to the best of Precision Beauty Studio's ability!"

(For internal use only and confidential)

Are you pregnant or nursing? _____ Are you on any type of blood thinning medication? _____

Do you have any allergies? _____ Do you have allergies to lidocaine? _____

Have you had any chemical peels in the last 30 days? _____ If so, when? _____

Are you using Retin A? _____ Have you gotten Botox in the last 30 days? _____

Have you had any cosmetics procedures in the past? _____ Breast augmentation? _____

Botox? _____ Dermal Fillers? _____ How many? _____

Have you ever had any adverse reaction to receiving permanent makeup or tattoos? _____

If so, Explain: _____

Are you allergic to nickel or any other metals? _____

Do you have difficulty healing from wounds? _____

Do you bleed excessively? _____ Are you a hemophiliac? _____

Are you diabetic? _____ Do you have oily skin? _____

Are you undergoing chemotherapy or radiation? _____ Last treatment? _____

Do you get keloids? _____ If so, where? _____

Do you scar easily from minor cuts? _____

Do you have HIV, AIDS, Hepatitis, Rheumatic Fever, Abnormal Heart Conditions, High Blood Pressure, Low Blood Pressure, Fainting, Palpitations, Strokes, Epilepsy, Diabetes, and Kidney Disease?

If you answered yes to any of these questions listed above, please use the section below to provide a brief explanation and correlate your answers to the question number above. If this form has not covered any medical conditions that you feel need to be addressed, please list it below.

___ I acknowledge by signing this agreement that I have been granted every opportunity to ask questions and that my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts set forth and agree to the following:

___ I do not have any skin conditions such as rosacea, eczema, psoriasis in the area to be treated

___ I am not currently taking blood thinners.

___ I understand that thyroid medications may cause pigment from being retained and can fade quicker

___ I understand that permanent makeup is an art and results vary from client to client

___ I understand that periodic touchups are required to maintain my treatment which is normal

___ I understand Precision Beauty Studio is at no obligation to perform any service for me

___ I understand that an additional cost is assessed to receive follow up treatments and if I don't book my follow up at the end of the 4-6-week mark, the price is prorated and will increase

___ I understand that micropigmentation of any form is a process of implanting pigment into the skin and that it is a form of tattooing and is therefore considered permanent with the ability to fade

___ I attest that I'm not under the influence of drugs or alcohol at the time of treatment

___ Due to the fact that my approval is obtained regarding the shape, there are NO REFUNDS given if I decide that once I leave, I am not happy with my outcome or decide to back out half way through the process.

___ I acknowledge that I have been provided a set of printed instructions regarding my aftercare and they have been explained to me

___ I understand that, although rare, there may be risks involved in this procedure that are not limited to allergic reaction, and have been given an opportunity to ask any questions and volunteer any relevant information about my medical history that I believe may be of value to the technician

___ In the event of a CAT Scan or MRI, I understand that tattoos may cause a warming or burning sensation in the area in which the micropigmentation has been done due to iron oxide properties of some pigments. I should advise my physician that I have had a micropigmentation procedure done prior to any medical treatments.

___ I release all rights to any photographs and videos taken and give my complete consent in advance for this procedure and understand images will only be used for records keeping, for the department of health if required, training, and or advertising purposes

___ I understand that there are NO GUARANTEES with regards to results and that have been made to me about the outcome of my treatment

Client signature _____

Date _____