

## PERMANENT MAKEUP PROCEDURE AND MEDICAL HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME/CELL PH \_\_\_\_\_ ALT/WORK PH. \_\_\_\_\_ EMAIL \_\_\_\_\_

I, \_\_\_\_\_ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

PROCEDURE(S) \_\_\_\_\_ COLOR \_\_\_\_\_  
NO. OF VISITS REQUIRED \_\_\_\_\_ COST OF PROCEDURE(S) \_\_\_\_\_

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including, but not limited to: infections, scarring, inconsistent color, and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s) of the said procedure(s). X \_\_\_\_\_

There is a possibility of an allergic reaction to pigments. A patch test is advisable, however, it does not ensure a client will not have an allergic reaction. I consent \_\_\_\_\_ (initial) or waive \_\_\_\_\_ (initial) the patch test. If waived, I release the technician from liability if I develop an allergic reaction to the pigment.

I understand 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 pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fever blisters may occur on the lips following lip procedures on individuals prone to this problem. Fading or loss of pigment may occur. Secondary infections in the procedure area rarely occurs. X \_\_\_\_\_

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse change to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. X \_\_\_\_\_

Depending on the procedure(s) which I select, I accept responsibility for determining the color, shape, and position of the eyebrows, eyeliner, lip liner color, and/or the color of camouflage.

I have received pre and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician if I have ever had cold sores I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X \_\_\_\_\_

I understand and accept that the PMU procedure is a process, often requiring multiple applications of color to achieve desirable results. X \_\_\_\_\_

I understand this procedure will result in a permanent change to my appearance. X \_\_\_\_\_

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done. X \_\_\_\_\_

If you are a candidate for Microblading/3D Semi-Permanent Makeup, please note:

- Do not take Aspirin, Niacin, fish oils, Vitamin E and/or Ibuprofen or any pain killers unless medically necessary 2-3 days before your procedure. Tylenol is fine.
- If you use Accutane, you must be off Accutane for 1 year, NO EXCEPTIONS!
- Do not consume alcoholic beverages the day before
- Avoid working out or sweating excessively before procedure
- If you get your eyebrows waxed or tinted, it is recommended to wait at least 3 days before the procedure.
- Antacids, thyroid and anxiety medications have been reported as interfering with retention or shifting the pigments to an undesirable tone.

Please check any of the following medical conditions that apply:

High blood pressure\_\_\_\_\_ Diabetes\_\_\_\_\_ Allergies\_\_\_\_\_ Heart problems\_\_\_\_\_

Thyroid disease\_\_\_\_\_ Skin cancer/Keloid skin\_\_\_\_\_ Easily bruised\_\_\_\_\_

Excessive bleeding\_\_\_\_\_ Fever blisters/Herpes\_\_\_\_\_ Hepatitis\_\_\_\_\_

Currently pregnant\_\_\_\_\_ Eye surgery or injury\_\_\_\_\_ Cataracts\_\_\_\_\_

“Dry eye”\_\_\_\_\_ Corneal abrasions\_\_\_\_\_ Currently wearing contact lenses\_\_\_\_\_

If yes to any of the above please specify\_\_\_\_\_

List all medications you are currently taking:\_\_\_\_\_

Client Signature\_\_\_\_\_ Date\_\_\_\_\_

Technician Signature\_\_\_\_\_ Date\_\_\_\_\_