



Informed Consent for Permanent Cosmetics Procedure

I hereby request and consent to the application of permanent color and consent to have the following Procedures performed by _____.

Please check any of the following which pertain to you:

- ☐ Eyeliner ☐ Eyebrows ☐ Lip Liner ☐ Full Lip Color ☐ Scar Camouflage ☐ Beauty Mark
☐ Areola Pigmentation ☐ Other _____

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 from Pretty Flawless Aesthetics, LLC. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- 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 process used in the procedure; and I accept the risk that such reaction is possible. I have informed the practitioner of any existing problems. _____ (initial)
- I acknowledge that complications are always possible as a result of the Permanent Makeup procedure, particularly in the event that post-procedural instructions are not followed. _____ (initial)
- 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. _____ (initial)
- 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 the ability to later change or remove the result. _____ (initial)
- 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 Makeup. 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 Makeup procedure. _____ (initial)

Over 

- I acknowledge that the obtaining of Permanent Makeup procedure(s) is by my choice alone and I consent to the application of the procedure and to its attendant risks, and to any action(s) or conduct of the practitioner and/or any of the practitioners associates reasonably necessary to perform the procedure(s). _____ (initial)
- I understand that the process used to apply color is not a one-step process and requires subsequent visits to achieve desired results. I further understand that the fee includes my first visit and ONE perfecting visit and must be completed within 3 months after my initial procedure. _____ (initial)
- I understand that with time, pigment can, and will, fade and change color according to metabolism, skin type, and age, and exposure to sun, smoking, alcohol, medications, Retin-A, and Glycolic acids. _____ (initial)
- 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. _____ (initial)
- 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; therefore, not a science but an art. _____ (initial)
- I understand that if I have a history of herpes (cold sores), I must inform my technician before proceeding with permanent makeup on my lips. _____ (initial)
- I understand that deep red color in the lips is not attainable. _____ (initial)
- I understand the end color result of my treatment is dependent on the interaction of my own pigmentation combined with the chosen pigment colors. My technician will use the highest standards and quality pigments when choosing the appropriate color for my procedure. _____ (initial)
- I have received and acknowledged pre- and post-procedure instructions and agree to strictly adhere to such instructions. _____ (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 tone and color of my skin. _____ (initial)
- I understand the taking of photographs, before and after the process is required. _____ (initial)
- By signing this agreement, I affirm that I understand that successful permanent makeup procedures—more often than not—requires a two-session process and **Pretty Flawless Aesthetics, LLC will not be held responsible for client dissatisfaction should the client refuse to complete the second session.** _____ (initial)
- Furthermore, I agree from refraining from disparaging and/or publicly criticizing any services provided by Pretty Flawless Aesthetics, LLC, until (at minimum), the client completes the second appointment, and as necessary, meets with company for purposes of ensuring client's satisfaction. _____ (initial)

- I understand[s] that the company reserves the right to seek immediate removal of any social media/online postings in which client blames the company for any consequence(s) for which client was warned of as a possibility in advance of treatment, and for which company had no ability or responsibility to prevent _____ (initial)

*The known possible complications from micropigmentation are: redness, swelling, puffiness, bruising, dry patches, and tenderness. It is normal to lose approximately 1/3 of the color during the healing process. After most procedures the color may be a shade too dark; in six days it will appear too light. After ten days the color will show more than it did initially. It will appear softer when completely healed as the color will come from the dermal layer of skin to the epidermal layer of the skin. In the event of a CAT scan or MRI, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation may occur during the procedure.

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/these procedure(s), I was of sound mind and capable of making independent decisions for myself.

The nature and methods of the proposed Permanent Makeup (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; fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigmentation may occur. Secondary infection in the area of the procedure may occur; however, if properly cared for, occurrence is rare.

Client Signature _____ Date _____

I have personally reviewed the above information with my client or the client's representative.

Witness Signature _____ Date _____

Practitioner's Signature _____ Date _____

Practitioner Notes:

Pigment Color/Colors Used:

Blade/Needle Used: