



CONSENT FORM FOR PERMANENT MAKE UP

NAME: _____

ADDRESS: _____

BIRTHDATE: : _____ I am 18 years and over: YES NO

PHONE NUMBER: () - .

EMERGENCY CONTACT: () - .

I have read through this entire packet that I was given. I answered all questions truthfully. The treatment procedure and post treatment care was explained to me in detail and I agree with it. Lashes Brows and Blush assumes NO liability in case of giving false information.

CLIENT SIGNATURE

TECHNICIAN SIGNATURE

DATE: / /

*I agree on photo taking and the using of the photos for advertising purposes.

_____ (If YES, Initial)

*Lashes Brows & Blush is obligates to perform procedures in strict compliance with all hygiene and health protection measures. This information is confidential and it shall also be handled in that way.

HEALTH QUESTIONNAIRE

***In order to perform the eyebrow, lip or liner tattoo procedure in a safe manner, please answer the following questions truthfully.**

Do you suffer from the following diseases or are you taking any of these medications?

Hemophilia	Y	N
Diabetes mellitus	Y	N
Hepatitis A B C D E F	Y	N
HIV	Y	N
Skin Diseases	Y	N
Eczema	Y	N
Allergies	Y	N
Autoimmune Disease	Y	N
Are you prone to Herpes	Y	N
Infectious Disease	Y	N
Epilepsy	Y	N
Cardiovascular problems	Y	N
Do you have a pacemaker?	Y	N

Are you taking medication for blood thinning? Y N

Are you pregnant or nursing? Y N

Do you have problems with healing wounds? Y N

Have you consumed drugs or alcohol in the last 24 hours? Y N

Did you undergo any surgery in the last 14 days? Y N

Are you taking any medications on a daily basis? (If yes, List) Y N

Were you exposed to radiation or had any other medical interventions? Y N

THE FOLLOWING RISKS:

1. During the procedure, despite the staff expertise and all the precautionary measures, injury is possible. Despite the application of the most advanced top quality pigments, allergic reaction is possible, but rare. The client is informed about this and assumes liability.
2. During and after the procedure temporary swelling, redness and or itching may occur.
3. Depending on the skin structure after the first treatment, small scabs with a loss of drawn hair may occur and color intensity may change.
4. In the first seven days, eyebrows are up to 40% darker and 10-15% thicker. Color reflection depends on the natural skin pigment.
5. The Pigment is absorbed differently due to differences in the skin quality, thus there is no warranty for the treatment success.
6. The shape is determined according to the face proportions.
7. Depending on the skin structure, it should be noted that change in the color intensity is possible and that one or more additional treatments will be required.





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8. The minimum or maximum duration of the permanent makeup procedures cannot be determined with certainty nor can the warranty be given on performed treatment.
9. Any touch up fees may apply for future appointments if touch ups are desired. If most of the color has faded then this will not be considered a touch up and all fees for a new service may apply. Touch ups are usually performed after 4 -6 weeks. For oily skin it may be necessary to perform more corrections.
10. Permanent make up always leads to the skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate care in the healing phase of the skin can lead to por results and Lashes Brows & Blush and the technicians cannot be liable for it.
11. Permanent makeup is an art and not science. Clients result will vary and using make up (lipstick or brow powder) may still be needed.

***I confirm that I have read and understood the above mentioned information.**

***I received a clear and understandable response to all my questions.**

***The treatment procedure risks and post treatment care was explained to me in detail and i agree with it. _____ (initials).**

IN THE NEXT TEN DAYS THE CLIENT IS REQUIRED TO PAY ATTENTION TO THE FOLLOWING:

1. Keep your face dry and clean for the next 10 days.
2. A thick crust will appear an all the pigment will fade.
3. Do not touch the scab in any other case except while cleaning.
4. For post treatment care only use recommended liquids to clean the brows (sterile wáter for the first day only).
5. If skin is oily or sweaty make sure you clean the skin when necessary (witch hazel if necessary)

6. Please do not use any other creams excepts the ones provided or recommended to you in order to prevent possible infections or allergic reactions.
7. In the first two weeks after the treatment avoid swimming pools. Sunbathing, tanning beds (NO SUN or tanning for 30 days), sauna, beauty treatments, and intense training accompanied by sweating (sport activities), and avoid contact with dirt/ dust. Not Passionate kiss (for lips), not oral sex (for lips), not hot beverages (for lips).
8. Lashes Borws & Blush and their technicians are not liable in case of improper post treatment care.
9. Absolutely NO refunds after any service will be given.



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In case you have a previous work:

I _____ understand and confirm that I am aware that I have a previous Job and that despite the quality of the service I am receiving. I am not guaranteed the final result of the work performend by _____.

In case of Lip Blush Procedure:

It is recommended that you talk to your doctor before doing the procedure to understand

Which treatment is recommended prior and post procedure.

IF YOU DEDICE NOT TO REACH OUT TO YOUR DOCTOR FIRST, the procedure will be done at your own risk. Keep in mind that if blisters occurs, the final result of the procedure will be different than expected.

I _____, I am aware that the procedure I am going to have done could cause lip blisters. I understand is recommended to talk with my doctor before doing the procedure to understand which treatment is recommended prior and post procedure.

I _____,decided not to reach out my doctor first . I understand the procedure will be done at my own risk. Blisters can appear and the final result will be different than expected.

***I confirm that i have read and understood the above mentioned information.**

***I received clear and understandable response to all my questions.**

*** The treatment procedure risks and post treatment care was explained to me in detail and i agree with it. _____ (Initial)**

