

Permanent Makeup Informed Consent

Client Information

Name _____ Date of Birth _____ Age _____

Address _____
Street City State Zip Code

Phone () - -

Email (required) _____ Okay to leave message/text Y or N

Procedure Area & Fee: _____ Booking Fee: _____

Informed Consent

The nature and method of the proposed Permanent Makeup (PMU) (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. Fading or loss of pigment can/may occur depending on your skin and lifestyle. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

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 Katherine Landers of Katherine's Beauty Bar. 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 processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. _____ (initial)
- **I understand that this is NOT Microblading & the procedure is done with a micropigmentation device.** _____ (initial)
- I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed _____ (initial)
- **IF YOU HAVE HAD THE AREA (EYEBROWS, EYELINER, LIPS) DONE BEFORE, THERE IS A HIGHER CHANCE THAT THE PIGMENT MAY NOT RETAIN DUE TO UNDERLYING SCAR TISSUE OR COULD PULL DARKER.** _____ (initial)
- I REQUEST a patch test (requires rescheduling) _____ (initial) I declined patch test _____ (initial)
- **The FIRST TOUCH UP IS included and any subsequent procedures are an additional fee.** _____ (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)
- **Red heads, blondes & fair skin (Fitz 1-2 skin types) may be red, swollen and pigment may not retain at all. Additional appointments may be necessary. This is up to the discretion of the technician.** _____ (initial) (Addendum required)
- Results **WILL** appear softer as the treated area heals. The area/s treated **WILL NOT** look as DEFINED or as BOLD as the 1st procedure. The healing process can take 3-30 days. Everyone heals differently. _____ (initial)
- **Most procedures require 2 appointments & color boosts every 1-2+ yrs. to keep the color fresh.** _____ (initial)
- I acknowledge & understand that if I have **combination/oily/severely oily** skin the pigment **WILL** heal/appear much softer and can look more solid due the over-production of oil glands. The pigment may fade quicker, look blurred or more solid. I accept these risks and would like to proceed. _____ (initial)
- **Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure.** _____ (initial)
- If you are in Menopause and suffer from hot flashes or your core temp runs hot, your pigment may fade, blur or not retain. _____ (initial)
- **Frequent exercising WILL cause the pigments to fade, blur or not retain at all.** _____ (initial)
- I acknowledge and understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino etc.) the pigment will appear softer and blend more with your own skins melanin (tones) and will not appear as bold or defined as on lighter skin types. _____ (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 later change or remove the result.** _____(initial)
- I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. 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 Make-up procedures. _____(initial)
- **Thyroid Conditions & Medicines, CAN/WILL prevent the pigment from retaining, fade quickly, blur or change in color. I accept these potential risks & wish to proceed.** _____(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 accept full responsibility for determining the color, shape and position of the brows that will be applied. Once the shape is approved and the pigment is implanted in the skin, you will not be able to change it.** _____(initial)
- I understand the actual color of the pigment may vary due to the tone and color of my skin. _____(initial)
- **How your body heals the treated area is 100% out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention can still happen depending on your skin type & lifestyle. This is NOT the fault of the technician.** _____(initial)
- In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. _____(initial)
- **I understand that if I do not abide by the strict aftercare, I may ruin my results. The After Care is crucial for optimum pigment retention and results.** _____(initial)
- Permanent Makeup is an ART, NOT a science. Client's results will vary from person to person and using a pencil or powder may still be needed when a bolder look is desired. We have no control over your bodies healing process and each time a procedure is done, the pigment may have less retention due to possible scar tissue. _____(initial)
- **Touch ups will not be done any sooner than the required time recommended by the technician.** _____(initial)
- I acknowledge that the obtaining of Permanent Make-up procedure(s) is my choice alone, and I consent to the application of the procedure and accept all of the risks. _____(initial)
- **Absolutely NO Refunds after services have been performed.** _____(initial)
- I understand that at a certain point as the skin ages, PMU will no longer be performed. _____(initial)
- **For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s).**
APPROVE _____(initial) DECLINE _____(initial)
- At some point (move or retirement), Katherine Landers will no longer do or offer procedures. It is up to the client to do their due diligence to find another technician that will take them on as a client. Some technicians may not work over another technician's work. Katherine Landers is not responsible for finding another technician or making a referral. This is the responsibility of the client to research and choose. _____(initial)
- **Are you pregnant, nursing, trying OR harvesting your eggs (IVF) to get pregnant? (Circle) YES NO I DON'T KNOW**

Katherine Landers CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT BEING FOLLOWED. _____(initial)

I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding 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.

Client Signature: _____ Date: _____

TECHNICIAN NAME: Katherine Landers Date: _____