

Fabulously Flawless

Permanent Cosmetics, Paramedical Procedures & Skin Rejuvenation

GENERAL CONSENT FORM

Please read this form fully, initial each line item and sign at the end. If you are unsure about a detail of the form, please speak to your practitioner.

_____ If unforeseen conditions arise during the Micro blading, Permanent Cosmetics, Camouflaging, Tattoo Removal, Rejuvapen or any Aesthetic Service, I authorize my practitioner to use their professional judgment to decide on what he/she feels necessary in the given circumstances.

_____ I accept responsibility for determining the color, shape and position of any procedure that I have performed by Fabulously Flawless Permanent Cosmetics. I have given my expressed consent before the procedure begins.

_____ I am not pregnant, nursing or trying to get pregnant. Fabulously Flawless will not perform any procedure of any nature if you ARE pregnant, nursing or indeed trying to get pregnant.

_____ I certify that I do NOT have any heart conditions, a pace maker or a defibrillator.

_____ I certify that I am NOT taking any of the following medications. You will bleed and you WILL NOT retain any color.

*Triflusal (Disgren), Clopidogrel (Plavix), Prasugrel (Effient), Ticagrelor (Brillinta), Ticlopidine (Ticlid), Cilostazol (Pletal), Vorapaxar (Zontivity), Dipyridamole (Persantine Coumadin), Pradaxia (Dabigatran), Xarelto (Rivaraxaban), Eliquis (Apixaban), Savaysa (Edoxaban).

_____ I certify that I have NOT had a Surgical Forehead/Brow Lift. (Scar Tissue will prevent proper healing).

_____ I certify that I understand that if I suffer from Alopecia, my Permanent Cosmetics (Particularly Hair-Strokes and Micro blading may become blurred and that Alopecia does make it difficult to retain color).

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_____ I certify that I understand that Eczema, Psoriasis and Dermatitis cause constant flaking, itching, irritation and shedding of the skin, thus making it difficult to retain color.

_____ I certify that I understand that Oily or Severely Oily Skin will not retain color very well, resulting in the need for more frequent touch-ups. Hair-Strokes and Micro blading will appear more blended, solid or will not retain color well at all.

_____ I certify that I understand that if I have large pores on my forehead or brow area that the pigment may blur/blend in large pores giving the appearance of a “powdered look”.

_____ I certify that I do not have Hemophilia or any type of bleeding disorder.

_____ I certify that I understand that Menopause can affect the outcome of the procedure. Hot flashes will keep the pigment from retaining.

_____ I certify that I do not have any type of Platelet Disorder.

_____ I certify that I understand that if I have Moles or Raised Areas in or around the brow area that pigment will NOT be put into anything raised.

_____ I certify that I do NOT have any piercings in the brow area, as scars can cause the pigment to migrate.

_____ I certify that I acknowledge the fact that if I have deep wrinkles in the brow area, Hair-Strokes and Micro blading will not lay properly in the creases, giving the brow an uneven look.

_____ I certify that I acknowledge that any type of Thyroid Condition can affect the outcome of the procedure. This condition and the medications used to treat such can keep pigment from retaining. (Hypo, Hyper Thyroidism, Graves Disease and Hashimotos).

_____ I certify and I acknowledge the fact that if I have undergone a Hair Transplant for the Eyebrows or Scalp that pigment will NOT take in the scar tissue where the plugs were placed.

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_____ I certify and I acknowledge the fact that Rosacea and the medications used to treat Rosacea will keep me from retaining pigment properly, increasing the need for more frequent touch-ups.

_____ I certify that I have NOT taken Accutane or any of its counterparts within the last year.

_____ I certify and I acknowledge that Auto Immune Disorders of any kind (MS, RA, Lupus or Crohn's Disease) and the medications used to treat these disorders will keep me from retaining pigment properly, increasing the need for more frequent touch-ups.

_____ I have listed ALL my medications that I am currently taking, including all vitamins. (NO FISH OIL 2 WEEKS PRIOR)

_____ I certify that I do not have MRSA to the best of my knowledge.

_____ I certify and acknowledge that FREQUENT EXERCISE (5 Days Per Week or More) WILL affect my Permanent Cosmetics. Due to the frequent production of sweat (salt), the pigment WILL NOT RETAIN FOR AN EXTENDED period, resulting in more frequent touch-ups. The pigment will fade very quickly, appear blurred or even change in color. THIS WILL HAPPEN. Your Permanent Make-up WILL fade very fast due to the production of sweat. Salt is used to remove permanent Make-up. This will give a more powdered or blurred under the skin effect. If you are NOT ok with this, then you should not have Permanent Cosmetics performed.

_____ I certify and understand that tanning WILL affect the outcome of my Permanent Cosmetics. YOU CAN NOT HAVE A TAN 30 DAYS BEFORE AND ABSOLUTELY NO SUN 30 DAYS AFTER. This means no sun and no tanning for 30 days. If you resume tanning, the results will fade quickly, heal darker, fade extremely fast or not retain at all.

_____ I certify and acknowledge that I am NOT under the influence of alcohol, drugs or any type of mood altering drugs or medications.

_____ I certify and fully understand that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

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_____ I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results, and that 100% success CAN NOT be guaranteed during the first or even the second procedure. I understand that I may have to return for repeated processes and touch-ups at an additional (yet discounted) price.

_____ I understand and accept that the initial cost will cover my initial procedure and only ONE follow up procedure.

_____ I understand that the result of the procedure is determined by the following: Medication, Medical Conditions, Skin Characteristics, Personal Ph Balance of skin, Alcohol Intake, Smoking and Post Procedure Aftercare.

_____ I understand that upon completion of the procedure, there might be swelling and redness of the skin, which will subside between 1-4 days. In some cases, bruising may occur. You may resume your normal activities following your procedure, however, using cosmetics, excessive perspiration and sun exposure should be avoided.

_____ I have been advised that the true color will be seen one month after each procedure, and that the pigment may vary per skin tones, skin type, age and skin conditions. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

_____ To my knowledge, I do not have any mental, physical or medical impairments or disabilities that might affect my well-being as a direct or indirect result of my decision to have the procedure done at the same time.

_____ I agree to follow ALL pre-procedure and post-procedure instructions as provided and explained by the practitioner. I can confirm that I have received a copy of the aftercare details.

_____ Being of sound mind and body, I hereby release all responsibility. I accept all responsibility myself and for any consequences that might stem from my decision to have any Permanent Cosmetics, Micro blading, Skin Camouflage, Tattoo Removal, Rejuvenation or Aesthetic Services performed by my practitioner at Fabulously Flawless Permanent Cosmetics.

_____ For documentation, record and use in portfolio, I also consent to the taking of before and after photographs.

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_____ I fully understand and comprehend that due to variations in skin, my procedure may have faded areas and need more than ONE FREE TOUCH-UP. I realize, acknowledge, and accept that this is NOT complimentary. Skin is often unpredictable and we have no way of knowing for sure how your skin will retain pigment. If this happens, you acknowledge that you will pay for the follow-up treatments that are required with the understanding that products, needles and time must be accounted for and taken into consideration on the behalf of the technician.

_____ I understand that Permanent Makeup is an art, NOT a science. Clients results will vary and using a pencil or powder may still be needed. We have NO CONTROL over your bodies healing process.

_____ I understand that no two sides of the face are the same. Perfection is our goal, but, note that nothing is PERFECT. We do not use the "P" word when doing Permanent Cosmetics. Remember...Eyebrows are "Sisters", NOT twins. This concept is used universally in this field.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND I ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING AND SAID PROCEDURE. THE TREATMENT IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT, PRE-PROCEDURE FORM AND POST PROCEDURE GUIDELINES. I HEREBY AUTHORIZE MY PRACTITIONER AT FABULOUSLY FLAWLESS PERMANENT COSMETICS TO PERFORM THE SAID TREATMENT.

NAME (Print): _____

SIGNATURE: _____

DATE: _____