



Consent for Permanent Makeup Tattooing

Last Name	First	Middle	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Address: Number & Street		City	State	Zip
Home Phone		Work Phone		
Email Address:				
Referred By:				
Emergency Contact: Name			Phone #	

Personal Health History:

If yes, please explain	Yes	No
Do you wear contact lenses?		
Are you allergic to any medications?		
Do you have a sensitivity to latex?		
Are you allergic to products with a petroleum base, antibiotic ointment, or lidocaine products?		
Are you allergic to any metal?		
Are you allergic to red food dyes, hair colors, glues or adhesives?		
Are you currently taking any anticoagulant medications? (ie: Aspirin or Coumadin)		
Have you received any cortisone medications or steroids in the past 6 weeks?		
Do you have any problems healing?		
Have you undergone chemotherapy or radiation in the last 6 months?		
Have you ever had cold sores, fever blisters, canker sores or herpes?		
Do you have any history of skin diseases or particular skin sensitivities?		
Have you had laser or a chemical peel in the last 6 weeks?		
Are you using AHA's or Retin-A?		

Do you have any medical problems?		
Are you pregnant?		
Do you have any eye disorders?		
Have you ever had any previous permanent makeup procedures?		

What is the name of your hair stylist & salon?
Do you have an aesthetician? Who?

Treatment Area	Color	Date	Cost
Eyebrows			
Eyeliner			
Lip Liner			
Fill Lips			
Touch Up			
Anesthetic used			
Comments			

Eyebrows, eyeliner, and full lip color includes 2 visits. For all other visits, a fee of \$_____ will be charged.

I understand that cosmetic tattooing is considered makeup enhancement and is not intended to totally replace conventional makeup. I understand that cosmetic tattooing is an art form, and the result cannot be warranted, guaranteed, or completely predicted. No representation, warranty, or guarantee has been made to me as to the specific results of cosmetic tattooing, which results may be different from what I expect. I understand that it is not entirely predictable as to my body's reaction and there is a variation inherent in the cosmetic tattooing procedure. This is a risk I am willing to accept. I realize that there is a possibility of eyelid irritation with eyeliner tattooing and a potential for infection, allergic reaction, local irritation or corneal injury with any cosmetic tattooing procedure. I have been advised that all needles are sterile and have not been used on any other clients.

I have also been advised that tattooing fades approximately 50% during the first week after the initial treatment. I understand that is the reason why a touch-up application is necessary. I also understand that facial products containing AHA, Glycolic acids and any other chemical that will lighten my skin, will also lighten my tattoo area. In addition, I agree to use sun block on eyebrows and lip color when exposed to intense sunlight or tanning beds.

I authorize the release of before and after photographs for the use as seen fit for advertising, teaching, or any other purpose whatsoever that Everlasting Beauty deems necessary.

I have discussed this information with Kathy Wright, R.N. and am aware of all the risks and complications of cosmetic tattooing. I voluntarily authorize, Everlasting Beauty; Kathy Wright, R.N. to perform the procedures listed above. I agree to follow the after care instructions given to me at the time of the treatment.

No refund given on any treatment.

Client: _____ Date: _____

Witness: _____ Date: _____