



# Permanent Makeup

## CLIENT CONSENT FORM

I hereby consent to and authorize \_\_\_\_\_ to perform the following procedure \_\_\_\_\_

*Please initial each statement:*

\_\_\_\_\_ I confirm that I am above 18 years of age and affirm that I am not under the influence of drugs or alcohol. I further declare that I am not pregnant or nursing and express my desire to undergo the specified semi-permanent pigmentation procedure. I have received a comprehensive explanation regarding the general nature of cosmetic micro-pigmentation, as well as the specific procedure that will be carried out.

\_\_\_\_\_ If any unforeseen condition arises during the procedure, I authorize my therapist to use their professional judgment to determine the necessary course of action under the circumstances. I take responsibility for selecting the color, shape, and placement of the Permanent Makeup procedure, as discussed during the consultation. I understand and acknowledge that non-toxic pigments are used during the procedure and that the achieved result may fade over a period of 1-3 years. Even as the color fades, the pigment itself may remain in the skin indefinitely.

\_\_\_\_\_ I have been informed that strict hygiene standards are followed, including the use of sterile, disposable needles and pigment containers for each client, procedure, and visit.

\_\_\_\_\_ I understand and accept that achieving the desired results is a process that may require multiple pigment applications, and that complete success cannot be guaranteed during the initial procedure. It may be necessary for me to return for additional procedures.

\_\_\_\_\_ The outcome of the procedure can be influenced by various factors, including medication, skin characteristics (dryness, oiliness, sun damage, thickness or thinness), personal skin pH balance, alcohol consumption, smoking, and post-procedure aftercare.

\_\_\_\_\_ After the procedure is completed, there may be temporary swelling and redness of the skin, which typically subsides within 1-4 days. Bruising may also occur in some cases. I can resume normal activities, but should limit the use of cosmetics, excessive sweating, and sun exposure until the skin has fully healed. Further instructions regarding aftercare will be provided. The results of the procedure should be acceptable for me to appear in public without additional makeup.

## PERMANENT MAKEUP CLIENT CONSENT FORM

\_\_\_\_\_ I have been informed that the true color of the procedure will be visible after 6 weeks, and the pigment may vary based on factors such as skin tone, skin type, age, and skin condition. It is understood that certain skin types may accept pigment more readily, and an exact color guarantee cannot be provided.

\_\_\_\_\_ I agree to follow all pre-procedure and post-procedure instructions provided and explained to me by the technician. Failure to comply with these instructions may compromise the success of the procedure.

\_\_\_\_\_ I acknowledge that I have received information regarding the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand that this cosmetic procedure carries both known and unknown complications, including but not limited to infection, scarring, inconsistent color, and the potential spreading, fanning, or fading of pigments. I am aware that the actual color of the pigment may be slightly modified due to the tone and color of my skin.

\_\_\_\_\_ I am fully aware that the semi-permanent skin pigmentation procedure is a form of tattooing, which is an art rather than an exact science. I am requesting this procedure with an understanding of its permanence and the possible complications and consequences associated with it.

\_\_\_\_\_ I acknowledge that there is a possibility of having an allergic reaction to the numbing agent and/or pigments used during the procedure. While a patch test is offered, I understand that even if I undergo the test, it does not guarantee that I will not have an allergic reaction. If I choose to waive the patch test, I release the technician from any liability in the event that I develop an allergic reaction to the pigment.

\_\_\_\_\_ I am aware that if I undergo any skin treatments, injectables, laser hair removal, plastic surgery, or other procedures that alter the skin, it may result in adverse changes to my permanent makeup procedure. I understand that some of these changes may not be correctable.

**My signature acknowledges that I have read and agree that I will adhere to all of the  
aforementioned statements that I have initialed.**

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Client (signature)

\_\_\_\_\_  
Date

