

Beautiful You

Consent and Release Agreement for Permanent Cosmetics and Collagen Induction Therapy Procedures

This agreement contract and all attached sheets are one agreement and all the information, clauses and covenants in this agreement are incorporated in the attached sheets as though set out in full herein; however, if any clause, disclosure or covenant in this contract shall differ or be in conflict with any and all attached sheets, this contract and its covenants shall govern. The undersigned micro pigmentation specialist, hereinafter known as Technician/Releasee, hereby performs the permanent cosmetic procedure(s). This agreement to have a permanent makeup procedure performed is entered by _____ (Client Name/Releasor) who resides at (Address) _____ (City) _____ (Zip) _____ (Phone) _____ - _____ - _____ and **Sheila L. Bowen, RN** who performs permanent makeup and Collagen Induction Therapy procedures at **Beautiful You** with reference to the facts listed on the front and back of this agreement: Therefore, for these considerations, the Releasee and Releasor agree as follow:

AGREEMENT

1. ACKNOWLEDGEMENT OF THE RISKS OR COMPLICATION ASSOCIATED W/ PERMANENT COSMETIC FACIAL TATTOO PROCEDURE or COLLAGEN INDUCTION THERAPY TO INCLUDE SCARS, BROWN SPOTS, WRINKLES AND ACNE SCARRING.

- A.** The Releasor has been informed by the Releasee of the possible dangers which may occur as a result of having a permanent cosmetic facial tattoo or Collagen Induction Therapy procedure performed. The Releasor acknowledges that those dangers may include eye injury from permanent cosmetic eyeliner procedure, swelling, bruising (although rare), temporary minor bleeding, redness or pinkness and the appearance of the Releasors face which may not be desirable to the Releasor.
- B.** Now, the Releasor having been fully and completely advised of all inherent risks, dangers and complication which may arise from permanent cosmetic facial tattoo or Collagen Induction Therapy procedure(s), voluntarily assumes all and any risks, dangers and complication which may arise from permanent cosmetic facial tattoo procedure. To help minimize any risks, the Releasor will answer Yes or No to the following conditions in order to describe if the Releasor has any of the following medical conditions.

If Yes, please explain

Keloid formation <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Drink Alcohol > 3 drinks per week <input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Using Accutane <input type="checkbox"/> Yes <input type="checkbox"/> No	Using Retin-A/Accutane, or Alpha Hydroxy <input type="checkbox"/> Yes <input type="checkbox"/> No
Hemophiliac <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant or Nursing <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Skin Disease <input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Autoimmune Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No
Herpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Cortisone <input type="checkbox"/> Yes <input type="checkbox"/> No	Cold Sores <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Obtain prescription for Zovirax</i>
Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you tan now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood thinners? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alopecia <input type="checkbox"/> Yes <input type="checkbox"/> No	Planning cosmetic surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Other tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?
Brow or lash tinting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trichotillomania <input type="checkbox"/> Yes <input type="checkbox"/> No	Any surgeries in last year? <input type="checkbox"/> Yes <input type="checkbox"/> No List

Are you under 18 years of age? Yes No If yes, must have legal consent of parent or legal guardian while present. _____
 Allergies to ANY medication or topical salves? Yes No Please List: _____
 Currently under a Dr's care for any particular condition? Yes No Please List: _____

I do _____ do not _____ have a history of getting dark areas when my skin is injured. (hyperpigmentation)

- C.** The Releasor requests a patch test prior to the permanent cosmetic facial tattoo procedure in order to determine allergic or other reaction to the pigment or anesthetic agents. _____ (initial).
- D.** The Releasor agrees to accept full responsibility for the color, shape and thickness of each and every procedure that the Releasor will have performed by the Releasee which is to include but not limited to the eyeliner, eyebrows, lips, areola, and/or beauty mark permanent cosmetic procedures.
- E.** The Releasor agrees that in the event of a controversy between the Releasor and the Releasee involving a claim in court, the parties shall resolve their dispute through small claims court. "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."
- F.** The Releasor acknowledges receipt of pre-procedure information and post-op care instructions, ha read the, has been verbally told them, understands them and agrees to adhere to them in order to help prevent secondary infection.

2. CONSENT TO PERMANENT COSMETIC PROCEDURE or COLLAGEN INDUCTION THERAPY/MICRO NEEDLING PROCEDURE

The Releasor fully and voluntarily consents to have the Releasee perform the permanent cosmetic procedures(s) and is fully aware and informed of all and any inherent risks, dangers, and complications that may occur as a result of the procedure(s) as described in this agreement. The Releasee has reviewed the medical history of the Releasor and all questions of the Releasor have been satisfactorily answered by the Releasee.

3. RELEASE OF ALL CLAIMS

In order for the Releasee to perform any permanent cosmetic procedures on the Releasor for which the Releasee is volunteering to have performed after having been fully informed of all danger and risks involved as described in this agreement including but not limited to swelling, allergy to pigment, pain, infection, redness, soreness, eye injury, and itching, _____ (name) Voluntarily requests that the Releasee performs such procedure(s) as described in this agreement including costs of medical care that may arise from the procedure including post-op care. I will in no way hold the above named person, its proprietors, officers, agents or any of its operators liable or accountable. The Releasor in Witness Whereof both parties, the Releasor and the Releasee enter into this agreement by their signatures below on the date opposite their names.

Signature of Releasor/Client _____ Date _____

Signature of Releasee/Technician _____ Date _____

How did you hear about us? _____

RECITALS

- A. The Releasor wishes to have the permanent cosmetic procedure(s) or Collagen Induction Therapy (for wrinkles, scarring or brown spot removal) performed by the Releasee.
- B. The Releasor has been informed by the Releasee that permanent cosmetics is the same as tattooing. Therefore the facial area will be cosmetically tattooed. Color will be implanted into the skin and as a result, the skin will be permanently altered.
- C. The Releasor has been informed by the Releasee that there may be pain involved in the procedure(s).
- D. The Releasor has been informed by the Releasee that there may be adverse side effects such as swelling, bruising (extremely rare), temporary minor bleeding, redness or pinkness and soreness.
- E. The Releasor has been informed by the Releasee that with the permanent cosmetic facial tattoo procedure there may be some fading of color. The Releasee has made no guarantees or promises to the Releasor as to how much color will be retained. Color may have to be reapplied to desire area before satisfaction of the desired color is obtained. The Releasor has been informed by the Releasee that there may be additional charges for each re-application of color.
- F. The Releasor has been informed by the Releasee that pigment may migrate or spread to an undesired area.
- G. The Releasor has been informed by the Releasee that the lips may feel dry and tight after a lip procedure.
- H. The Releasor has been informed by the Releasee that eye injury may occur from the cosmetic eyeliner tattoo procedure.
- I. The Releasor has been informed by the Releasee that a secondary infection can occur, although rare and that post-op procedure care instructions will have to be followed in order to help prevent this from occurring.
- J. The Releasor has been informed by the Releasee that an allergic reaction may occur from the pigment used in the permanent cosmetic lip procedure.
- K. The Releasor has been informed by the Releasee that fever blisters or cold sores may occur after the permanent cosmetic lip procedure if the Releasor is prone to having them. The Releasor has been informed by the Releasee to obtain a prescription for Zovirax or like medication and take as prescribed for two weeks prior to the permanent cosmetic lip procedure that will be performed to help prevent this.
- L. The Releasor has been informed by the Releasee that as a safety precaution, she/he may want someone to accompany you by driving after your permanent cosmetic eye procedure.
- M. The Releasor has been informed by the Releasee no to take any aspirin. Permanent cosmetics facial tattoo procedure may promote bleeding. Other pain relievers that don't promote bleeding may be taken.
- N. The Releasor has been informed by the Releasee that a low level magnet may be required if the Releasor is ever scanned by a MRI machine because pigments used in the permanent cosmetic procedure(s) may contain inert oxides. The Releasor agrees to inform the MRI technician of such.
- O. The Releasor has been informed by the Releasee not to wear any contact lenses during the permanent cosmetic eyeliner procedure. An antihistamine may be taken in order to help prevent excessively watery eyes.
- P. The Releasor has been informed by the Releasee to wait one year after tattoo procedure before donating blood.
- Q. The Releasor has been informed by the Releasee to inform any medical personnel or professional esthetician of your cosmetic facial tattoo if a chemical peel, MRI, or plastic surgery is to be performed near or over the cosmetic facial tattoo.
- R. The Releasor has been informed by the Releasee to use sun screen on a daily basis because constant exposure of the cosmetic facial tattoo to the sun may fade the color or even cause irritation to the skin.
- S. The Releasor has read and having been verbally told of all the above recitals by the Releasee, the Releasor never the less desire to have the permanent cosmetic facial tattoo procedures(s) performed by the Releasee and is willing to enter into this agreement.
- T. The Releasor has been informed that any method used to effectively remove the permanent make-up may result in scarring and/or permanent disfigurement of the face.
- U. The Releasor has been informed that hyperpigmentation may occur from procedures done on the face.

I have read, been verbally told, and understand each of the above recitals.

Signature _____ Date _____

Photographer's Model Release

I allow Beautiful You to use photographs of my permanent makeup or of areas treated by Beautiful You for purposes of showing examples of their work, without my name attached.

Signature _____ Date _____

OFFICE USE ONLY

Facial Analysis:

- 1. Face Shape - Long Round Square Oval Other _____
 - 2. Eyes are - Normal Set Wide Set Close Set
 - 3. Eye Color _____
 - 4. Lips are - Uneven Need more fullness on top Need more fullness on bottom Need reshaping
 - 5. Will eyeliner be - Thin Medium Thick
- Date** **Color/Zone/Tip #** **Date** **Color/Zone/Tip#** **Date** **Color/Zone/Tip#**

Eyebrows						
Eyeliner						
Lip Liner/Fill						
Wrinkle Zone						
Brown Spot						
Scarring						