

Beautiful You Permanent Cosmetics, LLC

Consent and Release Agreement for Permanent Cosmetics and/or Esthetic Services

This agreement contract and all attached sheets are one agreement and all the information, the listed permanent cosmetic specialist, the listed esthetician, hereinafter known as Technician/Releasee, hereby performs the permanent cosmetic/esthetic procedure(s). This agreement to have permanent makeup and/or esthetic service performed is entered by

(Client Name/Releasor) _____ who resides at
 (Address) _____ (City) _____ (Zip) _____
 (Phone) _____ - _____ - _____, (Date of Birth) _____

and **Sheila L. Bowen, RN, Tattooist** who performs permanent makeup and esthetic services at **Beautiful You Permanent Cosmetics, LLC** 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

ACKNOWLEDGEMENT OF THE RISKS OR COMPLICATION ASSOCIATED W/ PERMANENT COSMETIC TATTOO PROCEDURE or MICRO-NEEDLING TO INCLUDE SCARS, BROWN SPOTS, WRINKLES AND ACNE SCARRING.

The Releasor has been informed by the Releasee of the possible dangers which may occur as a result of having a permanent cosmetic tattoo or micro-needling 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 on the appearance of the Releasors face which may not be desirable to the Releasor.

QUESTIONNAIRE

Please check any conditions listed below that apply to you.

Diabetes	Hemophilia	Tuberculosis	Asthma
Epilepsy	Blood thinners	Eczema/Psoriasis	Steroids
Fainting or Dizziness	Pregnant or Nursing	Scarring/Keloid	Allergic reaction to antibiotics
Cardiac valve disease	Pregnant/ Nursing	Skin Conditions	Other
Trichotillomania	Alopecia	Cold Sores on lips	Cancer
Previous Permanent Makeup	Autoimmune Disorder	Planning cosmetic surgery	Use Retin-A/Accutane/Alpha Hydroxy

Have you ever had a facial treatment before? No Yes, when? _____ Type? _____

Have you ever had chemical peels, laser or microdermabrasion? No Yes in the last month? No Yes

Do you use Retin-A, Renova, Accutane (or other acne products), Hydroxyl Acid or Retinol/Vitamin A derivative products? No Yes, describe _____

Have you used these products in the last 3 months? No Yes

What is your daily skin care routine? _____
 Products used for routine? _____

Have you experienced Botox, Restylane or Collagen injections? No Yes

Any menopause problems? No Yes, specify _____

Are you undergoing any hormone replacement therapy? No Yes, specify _____

Do you have any allergies? List _____

Do you use any medications that might affect the healing of the permanent cosmetics/service you wish to receive?

Do you have any other medical or skin conditions that may affect the outcome of your procedure/service?

Have you ever been prescribed antibiotics prior to dental or surgical procedures? _____

Permanent cosmetic procedure/esthetic service you're here for _____

Is there any other information you feel you should provide to the body art practitioner/esthetician? _____

How did you hear about Beautiful You Permanent Cosmetics? _____

PLEASE READ AND CHECK THE BOXES WHEN YOU ARE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

In consideration of receiving a tattoo/permanent makeup/microblading or micro-needling from Sheila Bowen, RN, BSN, MA, the practitioner at Beautiful You Permanent Cosmetics, LLC. Beautiful You Permanent Cosmetics, (together with its employees, apprentices, and agents, the "Tattoo Business"),

I confirm the following:

- I am the person presented and **I am at least 18 years of age.**
- I am not under the influence of **alcohol or drugs.**
- The permanent makeup site described on the Consent and Release form is to my specifications.
- I understand that tattooing is **permanent** and that if I choose to have it removed, it may be expensive and leave scars.
- I have not had Botox, Retylane or laser procedure in the last 3 weeks.
- I understand there is a possibility of an allergic reaction to the inks and pigments commonly used in tattooing.
- All questions about the permanent makeup procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the tattoo I am about to receive.
- I understand that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and that the health consequences of using these products are unknown.
- I understand there is a possibility of getting an infection, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical attention.
- I agree to follow all instructions concerning the care of my **tattoo**, and that any touch-ups needed will be done at my own expense.
- I understand that there is a chance I might feel lightheaded, dizzy, and/or faint during or after being tattooed.
- I agree to immediately notify the practitioner in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

I, _____ have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment and antibiotics, migration of pigment, itching as well as some discomfort during the procedure. I have been informed of the potential risks associated with getting a tattoo/permanent makeup, I still wish to proceed with tattoo/permanent makeup application and I assume any and all risks that may arise from tattooing/permanent cosmetics. I understand that permanent cosmetics are not an exact science and may need modifications. I allow Beautiful You Permanent Cosmetics to use photographs of my permanent makeup as an example of their work with no name attached. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Signed _____ Date _____

Parent Signature if under 18 years of age. _____ Date _____

Parent must remain present