

Artist: _____

**CONSENT TO APPLICATION OF
PERMANENT MAKEUP/ MICROBLADING PROCEDURE**

NAME: _____ DATE: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PH: _____ WORK PH: _____ EMAIL: _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing, and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. X _____

PROCEDURE(s): Scalp Pigmentation Microblading Micro-shading Combo Lip Eyeliner Areola Removal
SKIN TYPE: Dry Combination Normal Oily T-Zone

NO. OF VISITS SUGGESTED/REQUIRED: _____ COST OF PROCEDURE(S): \$ _____

PLEASE READ AND INITIAL ALL STATEMENTS BELOW:

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).
X _____

There is a possibility of an allergic reaction to pigments. A patch test is advisable, however it does not ensure a client will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment. I consent _____ (initial) or waive _____ (initial) the patch test.

I understand that if I have any skin treatments, laser hair removal, plastic surgery, or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. X _____

I acknowledge that any previous microblading/PMU may affect the overall outcome of the shape and/or color of my service due to the technique and product used by previous technician and I may not receive the exact desired shape and/or color. X _____

I acknowledge some of these potential adverse changes may not be correctable. X _____

I have received pre- and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. X _____

If I am on any medication for depression or any other mood altering prescription, I will advise my technician. X _____

If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X _____

I understand that taking before and after photographs of said procedure(s) are a condition of such procedure(s). X _____

I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. X _____

I accept full responsibility for the decision to have this cosmetic tattoo work done. X _____

How were you referred to us? Google Bella Vous Instagram FaceBook Friend/Other: _____

HEALTH INFORMATION

Do you regularly sun bathe or use tanning salons? Yes No If yes, how often: _____

Are you currently under the care of a physician? Yes No If yes, what for: _____

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes High blood pressure Herpes Hepatitis Arthritis Frequent cold sores HIV/AIDS
 Any active infection Keloid scarring Skin disease/Skin lesions Seizure disorder Hormone imbalance Blood clotting abnormalities
 Thyroid imbalance Do you have any other health problems or medical conditions not listed above? Please list below: _____

Have you ever had an allergic reaction? (List any and all that you have had and describe the reaction you experienced)

- Food Animal Protein Aspirin Lidocaine Hydrocortisone Hydroquinone and/or skin bleaching agents
 Others: _____

What oral prescription medications are you presently taking? Birth control pills Hormones

Others (It is required that you list all of them): _____

What antibiotics do you use to treat infections?

Do you take any medications for heart conditions?

Are you on any mood altering or anti-depression medication?

What topical medications or creams are you currently using? RetinA , Others (Please list):

What herbal supplements do you use regularly?

For our female clients:

Are you pregnant or trying to become pregnant? Yes No If yes, are you breastfeeding? Yes No

Are you using contraception? Yes No

I certify that the preceding medical, medication and personal history statements are true and correct. I am aware that it is my responsibility to inform the doctor or other health professional of my current medical or health conditions and to update this history. A current medical history is essential for the artist to execute appropriate treatment procedures. I represent and certify that I am at least 18 years old and that I have read, understood and agree to be legally bound by the foregoing agreement, waiver, and release.

CLIENT SIGNATURE: _____ DATE _____

For office use only:

SKIN TYPES: Egg Grape Orange

- Fox ___% Golden___% Brown 1 Brown ___% Brown 2 ___% Brown 3 ___% Arabian Night ___% Black Sensitive ___%
- Kiss ___% Nightly Black ___% Rubin ___% Fuchsia ___% Orient ___% Dark Chocolate ___% Chocolate ___%
- Toffee ___% Magenta ___% Terra ___% Caramel ___% Coral ___% Flamingo ___% Rose Red ___%
- Pink ___% Toffee ___% Sand ___% Coffee ___% Removal ___% Color Flame ___%

Type of blade: _____ Note: _____

FIRST TOUCH UP: Date: _____

- Fox ___% Golden Brown ___% Brown 1 ___% Brown 2 ___% Brown 3 ___% Arabian Night ___% Black Sensitive ___%
- Kiss ___% Nightly Black ___% Rubin ___% Fuchsia ___% Orient ___% Dark Chocolate ___% Chocolate ___%
- Toffee ___% Magenta ___% Terra ___% Caramel ___% Coral ___% Flamingo ___% Rose Red ___%
- Pink ___% Toffee ___% Sand ___% Coffee ___% Removal ___% Color Flame ___%

Type of blade: _____ Note: _____

SECOND TOUCH UP: Date: _____

- Fox ___% Golden Brown ___% Brown 1 ___% Brown 2 ___% Brown 3 ___% Arabian Night ___% Black Sensitive ___%
- Kiss ___% Nightly Black ___% Rubin ___% Fuchsia ___% Orient ___% Dark Chocolate ___% Chocolate ___%
- Toffee ___% Magenta ___% Terra ___% Caramel ___% Coral ___% Flamingo ___% Rose Red ___%
- Pink ___% Toffee ___% Sand ___% Coffee ___% Removal ___% Color Flame ___%

Type of blade: _____ Note: _____

THIRD TOUCH UP: Date: _____

- Fox ___% Golden Brown ___% Brown 1 ___% Brown 2 ___% Brown 3 ___% Arabian Night ___% Black Sensitive ___%
- Kiss ___% Nightly Black ___% Rubin ___% Fuchsia ___% Orient ___% Dark Chocolate ___% Chocolate ___%
- Toffee ___% Magenta ___% Terra ___% Caramel ___% Coral ___% Flamingo ___% Rose Red ___%
- Pink ___% Toffee ___% Sand ___% Coffee ___% Removal ___% Color Flame ___%

Type of blade: _____ Note: _____