

## PERMANENT MAKEUP - PMU CONSENT FORM



Client's  
name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please, select services desired:

- ☐ **Phibrows Microblading**
- ☐ **Combo Brows**
- ☐ **Ombre or Powder Brows**
- ☐ **Wild Eyebrows**
- ☐ **Permanent Makeup Removal**
- ☐ **Eyeliner or Lash Enhancement**
- ☐ **Lip Blushing**
- ☐ **BbGlow**
- ☐ **Dark Circles Camouflage**
- ☐ **Brazilian Stretch Marks Camouflage**
- ☐ **Scar Camouflage**
- ☐ **Scalp Micropigmentation**
- ☐ **Scalp Scar Camouflage**
- ☐ **Beauty Marks or Freckles**
- ☐ **Areola 3D**
- ☐ **Vitiligo**
- ☐ **Melasma Camouflage**

Please read and check each line as you read and understand the following statements:

- ☐ I understand that sun, tanning beds, pools, some skin care products and medications can affect my final result.

- ☐ (For camouflages) **Tattoos** sometimes have metal particles in the ink, which can interact with the magnetic and radio waves of an **MRI**, and become irritated. While most people with **tattoos** won't ever experience irritation because of an **MRI**, **tattoos** can also **affect** the quality of an **MRI** scan.
- ☐ I understand that this procedure cannot guarantee 100% expected results. Semi permanent cosmetic enhancements normally require multiple application sessions. To achieve the best results I will be required to return for at least one control procedure 5 to 6 weeks after the initial treatment or as otherwise indicated by the technician. The color fades dramatically after one week, up to 50%. On the second visit we will be adding the required amount of pigment to get the desired color.
- ☐ I understand that the results are also not guaranteed for semi permanent techniques done on top of old tattoos, in some cases the removal is recommended or more touch ups are needed for the color to stay.
- ☐ Quality of the skin is different in clients, the skin differently reacts to pigment insertion or removal, hence there is no guarantee for the treatment success. How long it will last, minimum or maximum duration, number of sessions, cannot be precisely determined, nor can a guarantee on the performed treatment be made. First refreshment of pmu is done four weeks after the procedure. The oily skin requires more refreshments.
- ☐ I am aware that botox or fillers treatments surrounding the area can alter the position of the lips whether performed prior to treatment or after, we do recommend to wait 2 weeks to get them done after PMU.
- ☐ Aftercare instructions will be explained to me which I will follow to the best of my ability. I understand that I need to follow the instructions in terms of pre-procedure and post-procedure. I understand that in general my semi permanent makeup will look darker in the first week, pretty light for the second and third week, and by the fourth I see the full healed results. If any touch up is needed, I have a touch up included by the fifth week. Touch ups are only for semi permanent techniques.
- ☐ I am 18 or older, I am not under the influence of drugs or alcohol, I am not pregnant or nursing, and I consent to receiving the chosen procedure.
- ☐ I understand that Retin A, Renova, Alpha Hydroxy, and Glycolic acid must not be used on the treated areas. They will alter color.
- ☐ I confirm that a healing period is required before the next or before the touch-up treatment for PMU services.
- ☐ I understand that a certain amount of discomfort is associated with this procedure and that is swelling, redness and bruising.
- ☐ I understand that even that is really rare, there might be an allergic reaction.
- ☐ I understand that infection is possible if the after care is not followed properly. During the healing process the color of the PMU/camouflage will change. All information is provided in the after care kit.

- ☐ Permanent make-up always leads to the skin injury. It is thus important to carefully and gently nourish the skin after the treatment to ensure healing without complications. Inadequate after care during the healing period may lead to poor results and the Artist does not bear responsibility for that.
- ☐ I accept full responsibility for any complication that may arise during or all following application procedures.
- ☐ I understand no refunds will be given for incomplete treatments or for poor saturation.
- ☐ I have read or asked all questions about the before care, eligibility and after care. I understand that the artist shows me the measurements and symmetry, and I can change something that I don't like beforehand. I understand that the color is also discussed prior to the service. The Symmetry is determined digitally while the client's eyes are closed due to negative influence of mimetics.
- ☐ How long the PMU will last, minimum or maximum duration, cannot be precisely determined because skin type and care.
- ☐ How many sessions for the removal cannot be precisely determined. Some people may need more than one session.
- ☐ I have read and agreed with the Cancellation Policy upon booking online, by phone or in person, and I agree with it in this and future appointments.
- ☐ I confirm that I have read and understand this Consent Form and I agree to be bound by it. I agree that all the above information is true and accurate to the best of my knowledge.

#### CLIENT MEDICAL HEALTH FORM:

In order to perform the microblading treatment in a safe manner, we kindly ask you to give sincere answers to the following questions regarding your medical health. Do you suffer from any of the following diseases or take any of the following medications?

1. Hemophilia	YES	NO
2. Diabetes mellitus	YES	NO
3. Hepatitis A, B, C, D, E, F	YES	NO
4. HIV +	YES	NO
5. Skin diseases	YES	NO
6. Eczema	YES	NO
7. Allergies	YES	NO

8. Autoimmune diseases	YES	NO
9. Are you prone to herpes?	YES	NO
10. Infectious diseases/high temperature	YES	NO
11. Epilepsy	YES	NO
12. Cardiovascular problems	YES	NO
13. Do you take blood thinners (anticoagulants)?	YES	NO
14. Are you pregnant?	YES	NO
15. Do you take any medications on daily basis?	YES	NO
16. Do you have a pacemaker fitted?	YES	NO
17. Do you have a problem with wound healing?	YES	NO
18. Have you consumed narcotics or alcohol in the past 24 hours?	YES	NO
19. Have you had a surgery, laser therapy or any other medical intervention in the past 14 days?	YES	NO
20. Do you have botox, fillers, contact lenses, or implants?	YES	NO

CONTRACTUAL OBLIGATIONS:

I consent to photography, filming, recording, and/or digital imaging of the treatment to be performed and usage of the photos for the advertising purpose.

\_\_\_\_\_ Yes / Partial \_\_\_\_\_ Full Face \_\_\_\_\_

\_\_\_\_\_ No

DISCLAIM RESPONSIBILITY

With this agreement, the Artist shall be exempt from all subsequent claims, demands, compensation of damages, actions and causes of action arising from the provided service.

I certify that I have read and fully understand the contents of this consent. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I authorize Kauana Rocha as my Artist to perform on my face/body the procedure desired.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date