



Evoque Permanent Makeup
INFORMED CONSENT

I, _____, recognize and acknowledge, that I have been given the full opportunity to ask questions about the obtaining of any permanent cosmetic procedures. I also acknowledge that all of my questions were answered to my full and total satisfaction.

Please initial each statement:

_____ I HEREBY AUTHORIZE LAINIE GOAD TO PERFORM THE FOLLOWING PROCEDURE:

_____ I am over the age of 18 and in sound mind, body, and health.

_____ I understand that I will have permanent and/or semi-permanent cosmetic (referred to on this form as PMU/SPMU) makeup applied using the highest standards of hygiene and that sterile disposable needles and pigment containers are used for each individual client, procedure, and visit.

_____ I understand and accept that permanent makeup is a process, often requiring multiple treatment visits to achieve desirable results and 100% success cannot be guaranteed.

_____ I have been advised that the pigment result may vary according to skin tones, skin type, ethnicity, age, lifestyle, post-procedure care and general skin conditions. And I understand no guarantee on exact color results can be given.

_____ I am aware that the true healed color will be visible 6-8 weeks after each procedure.

_____ I accept the responsibility for determining and agreeing to the color, shape, and position of the PMU/SPMU procedure as agreed upon during the consultation.

_____ I fully understand and accept that non-toxic pigments are used during the procedure and that the results will fade over time, fade and/or migrate, however, some trace pigment may stay in the skin indefinitely.

_____ I have been advised that annual touch-ups are encouraged to maintain the integrity of the color.

_____ If an unforeseen condition arises in the course of the PMU/SPMU procedure, I authorize the technician to use his/her professional judgment in deciding what she feels is necessary under the given circumstances.

_____ I can confirm that I have received before and aftercare 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.

PMU/SPMU INFORMED CONSENT FORM

(Page 2)

Please initial each statement:

_____ If I wear contacts, I am aware that I must remove them prior to an eyeliner procedure.

_____ I am aware that I must remove any false eyelashes prior to an Eyeliner/Lash Enhancement procedure. I am also aware that any lash enhancement serums or conditioners can affect the outcome of my Eyeliner/Lash Enhancement procedure.

_____ I acknowledge that my skin is vulnerable to infection directly after a PMU/SPMU application, and I am to contact my primary physician if I see any signs of infection.

_____ I understand that using cosmetics, excessive perspiration, and sun exposure should be limited until the skin has fully healed.

_____ Allergic reactions are always a possibility. I understand that a patch test/allergy test does not guarantee that I will not have an allergic reaction and I release the technician from liability should I develop an allergic reaction to any of the topical preparations, pigments, dyes or the anesthesia used in the procedure.

_____ I understand it's impossible to list every potential risk and complication. I agree to have been informed of possible benefits, risks, and complications including but not limited to: redness or other discoloration, temporary bleeding, bruising, swelling, irritation, pain, fading or loss of pigment, and cold sores on lips.

_____ I am aware that if I am to have an MRI after the procedure, I must tell the radiologist that I have iron oxide permanent cosmetics.

_____ I understand that laser hair removal procedures may turn lip pigment dark or black.

_____ I understand the positioning of my PMU/SPMU procedure can be affected if I elect to have cosmetic surgery, Botox, Restylane or other cosmetic or surgical procedures.

_____ I understand that correcting or touching up micropigmentation that was performed by others involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors that my technician has no control over. I understand that additional appointments after the initial and follow up appointments may be required.

_____ I acknowledge that the procedure may result in a long lasting (many years) change to my appearance and that no representation has been made to me as to the ability to later change the results. I am aware that it can be costly to remove.

_____ In the event that my technician's skin is accidentally punctured with my needle, I agree to accompany the technician to the emergency room to take a blood test for their safety. I will disclose all test results to the technician.

_____ To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my wellbeing as a direct or indirect result of my decision to have the PMU/SPMU procedure performed at this time.

PMU/SPMU INFORMED CONSENT FORM

(Page 3)

Please initial each statement:

_____ I understand 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 consent to the taking of before and after photos for the purpose of record keeping & documentation required by the Technician's insurance company.

_____ I further authorize that exceptional photographs or results may be used in advertising or promotional materials and I give permission for such usage.

_____ If I am unhappy with results, I will not slander my technician or his/hers employer in any online forum including but not limited to: Google, Yelp, Instagram, Facebook, and Twitter. I will contact the technician to allow them to work with me to find a solution.

_____ I am not pregnant or nursing, do not have Hepatitis, HIV/AIDS, and am not under the influence of any drug or alcohol at this time.

_____ All medications and medical conditions have been disclosed to my technician as well as noted accurately and to the best of my knowledge on my intake/consultation form.

_____ Being of sound mind and body, I hereby release and forever discharge Lainie Goad at Evoque Spa & Wellness Suites from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my PMU/SPMU procedure. I fully accept any and all responsibility for any consequences that might stem from my decision to have a PMU/SPMU procedure performed by Lainie Goad.

Being of sound mind and body, I hereby certify that I have read the above informed consent form in its entirety, in which the items and explanations therein referred to were made very clear and understandable. I accept full responsibility for any complications which may arise or result from, during or following the PMU/SPMU procedure that I am about to undergo, and any future procedures I elect to receive. I release and discharge Lainie Goad at Evoque Spa & Wellness Suites from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my PMU/SPMU procedure. The PMU/SPMU procedure is being performed at my request according to this consent form.

Client name (print) :

Client signature:

Date:

Technician name:

Technician signature:

Date: