

Re-Consent Form FOR TOUCH UP VISITS

INK BROW STUDIO

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1. Are you pregnant or nursing?

Yes [] No []

Initial

2. I understand the initial procedure is a two-part process where a touch up procedure is required 6-12 weeks after my first visit.

If YES, please specify and also list any new medications and why they were prescribed to you

3. I have received, reviewed, and understand the pre-procedural instructions as given to me and agree to follow them.

4. Depending on the procedure(s), which I select, I accept responsibility for determining the shape, and position of eyebrows, eyeliners, lipliner and/or full lip color.

5. I understand that the color selection and color results in all procedures are not an exact science.

6. I understand that positioning of my procedures can be affected if I have elected or wish to elect cosmetic surgery, Botox, Restalyne or any other cosmetic filler and I assume this responsibility.

7. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide Permanent cosmetics.

8. If I am a contact lens wearer, I realize I should not wear my contacts the day of my eyeliner procedure.

9. I understand that this procedure will fade over time and this fading can alter the original pigment color which determines it is time for a touch-up visit.

10. I realize this is an elective cosmetic procedure and is not medically necessary.

11. I have pre-medicated where advised based upon the medical history I provided.

12. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness or other discoloration; swelling.

13. Although rare, Fever blisters may occur regardless of pre-medication.

14. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines, can turn permanent make up dark or even black. I agree to inform my esthetician or anyone operating such I have permanent make up.

15. I give my consent for the practitioner to confer with my physicians for medical information required for the safety of my procedures.

16. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner.

17. I am aware that if an infection occurs after I have received Permanent Cosmetics to see with my primary Physician or an emergency room, immediately.

18. I understand there are no refunds on procedures. I am aware that if an infection occurs after I have received Permanent Cosmetics to see with my primary Physician or an emergency room, immediately.

19. I understand there are no refunds on procedures.

ACCEPTANCE: Please read all questions thoroughly before signing!!

I have read and understand these risks listed above and they have been explained to me. I certify that the information in the above questionnaire is accurate and my questions have been answered.

Signature of Client X: _____

Practitioner Signature: _____ Date: ___/___/___