

INK BROW STUDIO

Re-Consent Form For Touch Up Visits

1. Are you pregnant or nursing?

Yes No

2. Has your health history changed regarding medication, joint replacement, or anything artificial in your body?

Yes No

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

3. I understand **the initial procedure is a two-part process where a touch up procedure is required 6-12 weeks after my first visit to make any adjustments to color and shape once healed.**

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

5. 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.

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

7. 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.

8. 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.

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

10. I understand that this procedure will fade, and this fading can alter the original pigment color and that this Determines that it is a time for a touch-up visit.

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

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

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

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

15. 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.

16. I give my consent to Ink Brow Studio to confer with my physicians for medical information required for the safety of my procedures.

17. 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.

18. 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 _____

Signature of Practitioner _____ **Date** ____ / ____ / ____