**Symmetrically Beautiful by Salina**  **Permanent Makeup & Esthetics**

Permanent Makeup Consent Form

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Read and initial following **PRIOR** to procedure:

\_\_\_\_\_\_ The nature and method of the proposed procedure will be explained to me by Salina. Client acknowledges that Salina will provide, as applicable, their

 recommendations related to color, shape, density, positioning and orientation of permanent makeup, eyebrows, eyeliner and/or camouflage. Client

 understands ultimate decision related to these procedures is sole responsibility of client. Client holds Salina Higgins with Symmetrically Beautiful by Salina

 harmless from any permanent makeup services that do not meet the aesthetic desires of client.

\_\_\_\_\_\_ Client understands that there is a certain level of discomfort associated with the procedure and that each person has their own threshold level for discomfort. Upon

 consent, Salina may apply topical anesthetics to alleviate discomfort. Client understands there is a small chance of allergic reaction to topical anesthetics.

\_\_\_\_\_\_ Client understands that adverse side effects from the procedure may include but are not limited to: temporary minor bleeding, bruising of skin surfaces,

 swelling, redness or temporary discoloration of affected areas up to 72 hours. There is a risk of infection and/or scarring following procedure. Thorough

 aftercare instructions will be provided at the end of the appointment.

\_\_\_\_\_\_ Fading or loss of pigment may occur. Multiple applications may be necessary to achieve desired look. Client understands such touchups may be required to

 achieve desired look. Client understands touchup policy and will be charged accordingly.

\_\_\_\_\_\_ Salina with Symmetrically Beautiful by Salina only utilizes sterilized, disposable equipment to minimize the risk of infection or contamination. In addition, Salina has

 received training in appropriate sanitation and hygiene techniques prior to performing any procedures. While Salina believes the risk of infection from our procedures

 is extremely small, the possibility of such an occurrence cannot be totally precluded. Accordingly, client understands and accepts this risk and releases Salina with

 Symmetrically Beautiful by Salina from any and all liability related to the subject procedure, expecting instances involving gross negligence.

\_\_\_\_\_\_ Client understands it is suggested to not fly on an airplane for 48 hours after procedure was performed. Client understands complications may occur

 causing pigment spreading, blow outs and runs. Client holds Salina Higgins with Symmetrically Beautiful by Salina harmless if they choose to ignore this suggestion.

\_\_\_\_\_\_ Salina Higgins with Symmetrically Beautiful by Salina does not guarantee the success of any permanent makeup procedure due to the large number of variables that

 affect the success of each procedure. Client acknowledges counsel by Salina as to the probability of success of each procedure.

\_\_\_\_\_\_ Client agrees that Salina Higgins with Symmetrically Beautiful by Salina liability is limited to the cost of the procedure performed. In the event of disputes that

 cannot be amicably resolved, Salina Higgins with Symmetrically Beautiful by Salina and client agree to binding arbitration to resolve any disputes at client’s

 expense.

\_\_\_\_\_\_ Clients reserve the right to use other permanent makeup artists, however any services provided in areas previously attended by Salina with Symmetrically Beautiful by

 Salina will be considered a forfeiture of client status with Salina and any future services provided will be at new client rates.

\_\_\_\_\_\_ Client can request that Salina performs a patch test to ascertain potential allergic reaction to the implanted pigment. Pigments being used have a low

 probability of allergic reaction but cannot absolutely rule out the possibility of allergic reaction. The efficacy of a patch test has been discussed with the

 client. By initialing here \_\_\_\_\_\_\_\_ the client **DOES** request a patch test. Client holds Salina with Symmetrically Beautiful by Salina harmless and absolves

 Salina with Symmetrically Beautiful by Salina from all liability resulting from allergic reactions to implanted pigments.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that it is my responsibility to discuss desired shape, desired color and all other questions prior to starting the procedure with Salina Higgins with Symmetrically Beautiful by Salina. Consultation, measuring, pre-draw (Eyebrows only) and color matching will be done before initial procedure and does require client approval. Salina will provide aftercare instructions, aftercare kit and thoroughly explain aftercare instructions. I understand that poor aftercare, overall skin conditions, skin variations in lifestyle (ie: preventative skin care, extreme sun exposure, non-preventative measures on procedure area) all play a part in the final results. I understand that it takes 2 – 3 months for permanent makeup to fully heal and slight changes to the pigment color can occur over that time frame. I understand that pigment loss can occur, and it may take multiple touchups to reach desired look. Salina with Symmetrically Beautiful by Salina has taken every step to ensure healing procedures are explained and I understand due to the unpredictable nature of the service that healing results will vary. I understand that it is recommended to return 6 – 10 weeks after initial procedure is performed to receive my first touchup. I understand I will not be disbursed a refund due to poor pigment retention or changes in lifestyle that contribute to healed result.

As evidence of my signature below, I understand and agree to the above conditions upon which Salina with Symmetrically Beautiful by Salina will be performed.

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Client Signature Date