



Client Information

Name _____ Date of Birth _____ Age _____

Address _____
Street City State Zip Code

Day/Cell Phone () - _____ - _____ Home Phone () - _____ - _____

Email (required) _____ Okay to leave message Y or N

Driver's License number (required by state and health officials) _____

Procedure: Eyebrows- \$400, Eyeliner- \$400, Lips-\$500, Areola- \$450 (CIRCLE ALL THAT APPLY)

Initial Procedure Fee \$ _____ Cash, Check, Credit/Debit Cards (ADDITIONAL 3% FEE) or Money Order

Follow-up Fee \$100

I am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing, and desire to receive the indicated permanent cosmetic procedure(s). The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. X _____

Sign Here

Informed Consent

The nature and method of the proposed Permanent Make-up (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling; fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Ani Alvarez and/or any associates. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. _____ (initial)
- I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed _____ (initial)
- I have received a copy of the After Care Instructions. _____ (initial)
- I REQUEST a patch test (requires rescheduling) _____ (initial) I declined patch test _____ (initial)
- All subsequent procedures including the first touch up are an additional fee. _____ (initial)
- I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure. _____ (initial)
- Red Heads, blondes & fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not retain at all. Future appointments may not be performed. _____ (initial)
- Results **WILL** appear softer as the treated area heals. The area/s treated **WILL NOT** look as DEFINED or as BOLD as the 1st procedure. _____ (initial)
- ALL procedures require 2 appointments & color boosts every 2 years to keep the color fresh. _____ (initial)
- I acknowledge & understand that if I have **oily/severely oily** skin the pigment will heal/appear much softer and can look more solid due the over-production of oil glands. The pigment WILL fade quicker, look blurred or more solid. I accept these risks and would like to proceed. _____ (initial)
- Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure. _____ (initial)
- If you are in Menopause and suffer from hot flashes, your pigment will/may fade, blur or not retain. _____ (initial)
- **Frequent exercise (5+ days a week). Will cause the pigments to fade, blur or not retain at all.** _____ (initial)
- I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino etc., the pigment will appear softer and blend more with your own skins melanin and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. _____ (initial)
- Alopecia clients- Due to the change in skin texture, pigments may WILL heal powdered. _____ (initial)
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later change or remove the result. _____ (initial)
- I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further Permanent Make-up procedures. _____ (initial)
- Thyroid Conditions & Medicines, WILL prevent the pigment from retaining, fade quickly or change in color. I accept these potential risks & wish to proceed. Addendum will be required. _____ (initial)
- For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). APPROVE _____ (initial) DECLINE _____ (initial)
- **I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK.** _____ (initial)
- I accept responsibility for determining the color, shape and position of the brows that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. _____ (initial)
- I acknowledge that the obtaining of Permanent Make-up procedure(s) is by my choice alone, and I consent to the application of the procedure and accept the risks _____ (initial)

- **When you leave our office, the hair strokes are intact. How your body heals them is out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention can still happen depending on your skin & lifestyle. This is NOT the fault of the technician. _____(initial)**
- If you have had tattoo removal prior to seeing Ani, due to scar tissue the pigment may not retain. Further procedures may not be an option and I understand there are NO REFUNDS. _____(initial)
- I understand that if any other technician applies permanent makeup over an area that was originally done by Ani; she will no longer perform future treatments. NO EXCEPTIONS! _____(initial)
- In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. _____(initial)
- I understand that if I do not abide by the strict after care, I can ruin my results. The After Care is crucial for optimum pigment retention. _____(initial)
- Permanent Makeup is an ART, NOT a science. Client's results will vary and using a pencil or powder may or will still be needed. We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue. Touch ups will not be done any sooner than the required time recommended by the technician. _____(initial)
- Absolutely NO Refunds after services have been performed. _____(initial)
- I understand that at a certain point as the skin ages, PMU will no longer be an option. _____(initial)
- Are you pregnant, nursing or trying (IVF) to get pregnant? (Circle) **YES or NO, I DON'T KNOW**
- I have been informed of the nature, risks, and possible complications and consequences of permanent cosmetics (permanent skin pigmentation/cosmetic tattoo). I understand the permanent cosmetic procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes, or apply contact lenses too soon after an eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent cosmetic procedure(s), and accept the permanence of the procedure, acknowledge the likelihood of fading over time, as well as the possible complications and consequences of the said procedure(s). _____(initial)
- I have received pre and post procedure 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. I have disclosed all medications and/or drugs I am taking either prescription or non-prescription and their purpose or indications. I have disclosed any medical conditions that may affect the healing of my skin pigmentation. If I have ever had cold sores (fever blisters, herpes simplex), I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. _____(initial)
- I understand that if I have any skin treatments, laser hair removal, plastic surgery, or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. _____(initial)

BEAUTY & BEYOND, PERMANENT COSMETICS AND FULL SERVICE SALON LLC. AND/ OR ANI ALVAREZ CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT FOLLOWED _____ (initial)

I understand that the taking of before and after photographs of the aid procedure(s) are a condition of such procedure(s). I certify that I have read and initialed the above paragraphs

and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this permanent cosmetic procedure(s) performed.

***You may use my photograph(s) for portfolio purposes. Yes _____ No _____**

I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature: _____ Date: _____

Ani Alvarez, CPCP _____ Date: _____

MO. Tattoo license # 2008033275