

Statement of Consent and Recitals: Please read and initial all lines

____ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email you.

____ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

____ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

____ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

____ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

____ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session within 60 days.

____ I acknowledge that the proposed procedures(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

____ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Touch-ups must be completed within 60 days of initial procedure.

____ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-ups must be completed within 60 days of initial procedure to be considered a touch-up price.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize **Richa Gupta**, as my Eyebrow Microstoking technician to perform on my body the 3D Eyebrow Microstoking procedure desired today.

Signed _____ Date _____