Everlasting Makeup Services by Sharon Highstone

www.SharonNiles.net
(321)459-0202

PERMANENT MAKEUP PROCEDURE CONSENT FORM

Client Name: _____ Date: _____

Birth Date: _____ Age: _____

Procedures: _____

Machine: _____ Dyes: _____

I am seeking permanent makeup for the purpose of (state desired results): _____

Please READ and INITIAL below:

- _____ I understand that the permanent makeup procedure is a skin tattoo process that may require two or more treatments to achieve desired results. It is not unusual to need three treatments.
- _____ I understand that one follow-up session to be completed within 3 months is free and is included in the cost of the initial procedure, but that **free follow-up sessions are NOT applicable to redo/rework of other technician's work**. Subsequent follow-ups and/or touch-ups are subject to additional fees based on current prices at the time.
- _____ I have been advised that if I have the herpes simplex 1 virus, which causes cold sores on the lips, that a permanent makeup procedure on the lips may stimulate a cold sore outbreak. I have been advised to see my doctor for a prescription of **Acyclovir** or **Valtrex**, or **Valcyclovir**, that may prevent the outbreak of such cold sores.
- _____ I understand that Iron Oxide and Organic Pigments are used in permanent makeup procedures and that I hereby release Everlasting Makeup Services, its Agents, and Sharon Niles from any liability related to any allergic or other reaction to applied pigments.
- _____ I understand and acknowledge that no guarantees have been made concerning the results of any permanent makeup procedure. I realize that the results will vary as a factor of **skin type**, **age**, **hair color**, **SUN EXPOSURE** and any facial or skin irregularities that I may have.
- _____ **Medications**, **herbs**, **vitamins**, **alcohol** consumption, and especially past and present **sun or tanning bed exposure**, are all factors that will decrease the color absorption and may decrease my pain tolerance.
- _____ For the purpose of documentation and potential future marketing effort, I agree to the taking of a before and after photograph which may or may not be used by Everlasting Makeup Services in marketing and sales promotional materials.
- _____ I have read, signed and received my Post-Procedure Care Instructions.

I have read and I completely understand all of the above initialed points and information.

I am satisfied with the explanation of the procedure that I am to undergo from my technician (Sharon Highstone). I accept full responsibility for this procedure and any complications that might arise during, or following the permanent makeup cosmetic tattoo procedure(s) that are to be performed at my request.

_____ _____

Client/Guardian Signature Date

_____ _____

Sharon Highstone Signature Date