BROW D'LUXE PERMANENT COSMETICS
INFORMED CONSENT FORM

THIS DOCUMENT IS DOUBLE SIDED PLEASE INITIAL EACH PROVISION ON THE LINES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION.

My Artist: Lauren N. Linford

Client Name_____ Date_____
Email: _____ Phone Number:_____
Referred By: _____

The nature and method of the proposed cosmetic tattoo procedure(s) has been explained to me by my artist (Lauren Linford) including the usual risks inherent in the procedure process, and the possibility of complications during and following the procedure(s). I understand there may be a certain amount of discomfort or pain associated with the procedure(s) and that other adverse side effects may include minor and temporary bleeding, bruising, swelling, and/or redness or other discolorations. Fading or loss of pigment may occur. Unevenness in design may occur due to swelling. Secondary infection in the area of the procedure may occur, however, if all aftercare instructions (that are provided) are followed, is rare. _____(init.)

I understand that it's my responsibility to inform My Artist at Brow d'Luxe of any and all health problems. _____(init.)

I acknowledge that complications including infection are always possible as a result of a cosmetic tattoo procedure(s), particularly in the event my post-procedural instructions are not followed. _____(init.)

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 risks that such a reaction although rare, is possible. I have informed My Artist at Brow d'Luxe of any existing problems. _____(init.)

I understand that immediately after the procedure(s) is completed, the color will appear dark and the design will appear to be thicker. It will be explained to me by My Artist that within a short period of time (usually 5-7 days) during the healing process, the color will lighten/soften and the design/procedure will heal thinner than it looked the day it was performed. _____(init.)

I acknowledge that hyper-pigmentation (darkening of the skin) or hypo-pigmentation (absence of color in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and that My Artist at Brow d'Luxe cannot predict how my body will react as a result of this procedure. _____(init.)

I acknowledge that the procedure(s) will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results. Tattoo removal is a surgical procedure which may cause scarring and/or disfigurement. _____(init.)

I understand that future laser treatments, plastic surgery, implants, injections, and other skin altering procedures may alter and degrade my cosmetic tattoo procedure(s). I further understand that such changes are **NOT** the responsibility of My Artist at Brow d'Luxe and such changes in my appearance may **NOT** be correctable through further cosmetic tattoo procedures _____(init.)

I understand that tattoos may cause MRI (Magnetic Response Imaging) artifacts and that is a 1% to 2% chance of a reaction. Within that 1 to 2% for almost all there will be a warming and/or tingling sensation in the tattooed area from the MRI due to the iron oxide properties of some pigments. It is understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event an MRI procedure is prescribed. _____(init.)

I authorize My Artist at Brow d'Luxe to obtain preprocedural and postprocedural pictures, and give My Artist permission to use such pictures for publication as she chooses. _____(init.)

I acknowledge I will receive the receipt of written instructions advising me of the proper care of my procedure(s), and ointment by My Artist at Brow d'Luxe. I understand the absolute necessity for following these instructions. _____(init.)

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I understand that cosmetic tattooing is an art form and NOT an exact science, and I acknowledge that NO guarantees have been made to me as to the result of this procedure. Some skin types will not accept or heal pigment in a consistent manner…your skin and how well you take care of your procedure (s) will determine your result. I realize that my body and my skin is unique and that My Artist at Brow d'Luxe cannot in any way predict how your skin may react to the procedure or how it may or may not accept color. I also realize that My Artist at Luxe Cosmetics cannot predict how many visits it will take to complete my procedure. _____(init.)

The fee for the cosmetic tattoo procedure(s) have been explained to me, including the initial procedure fee, touch-up fees and maintenance fees. These fees are understood and agreed upon. I understand the total fee for services rendered is due upon completion of the initial procedure and that there **WILL BE** separate fees for any touch-up/follow-up work outside of the first included follow-up. _____(init.)

I accept full responsibility for determining the color, shape and position of the pigments that will be applied. I understand the actual healed color of the pigment applied will be modified slightly due to my own unique skin undertones. _____(init.)

Due to the fact your approval is obtained prior to final selection of color to be implanted and design application(s), that all the facts about cosmetic tattooing have either been disclosed or discussed with you, and that you have been given full opportunity to have any and all questions answered, My Artist at Brow d'Luxe employs a **NO REFUND** policy. _____(init.)

My Artist at Luxe Cosmetics has the right to refuse service to anyone at any time for any reason. _____(init.)

This contract is to remain in effect for as long as I remain a client of My Artist at Luxe Cosmetics and all its contents apply whenever work is being performed on myself by My Artist at Brow d'Luxe. It is my responsibility to inform My Artist at Luxe Cosmetics if any changes have occurred in my medical history. _____(init.)

I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees from My Artist at Brow d'Luxe with respect to the benefits to be realized from, or consequences of the aforementioned procedure(s). _____(init.)

I (print name) _____, acknowledge by signing this consent form, have been given the full opportunity to ask any and all questions about cosmetic tattooing procedure(s), it's process, and the risks involved from My Artist at Luxe Cosmetics. The decision to have cosmetic tattooing procedure(s) performed is my own and I understand and accept all risks involved, therefore releasing My Artist at Brow d'Luxe of any and all legal liability. My Artist at Brow d'Luxe is exactly that, an artist, a highly trained and skilled artist and makes no claims to be anything more. Permanent makeup/cosmetic tattooing is not a medical procedure but an art form, the art of tattooing. NO REFUNDS….NO EXCEPTIONS.

Client Name (signature)_____ Date_____

If under 18, parent or legal guardian signature_____ Date_____