

## Disclosure And Consent For Permanent Makeup Application

Please read the following statements carefully; we will review these at the time of your consultation/procedure:

- There may be risks and hazards related to the use of local anesthetics used to numb the area(s). I understand that, although unlikely, I might have a reaction to the topical anesthetic.
- This procedure will involve pain and discomfort. The markings are permanent and there is a risk of infection following the procedure.
- A follow up appointment may be required and the color of pigmentation may fade.
- There is a chance that you may experience a corneal abrasion from the eyeliner procedure.
- Any patient getting a lip liner and/or a full lip enhancement with permanent makeup may experience a bleeding of pigment onto skin surrounding the lips.
- There is a chance of an allergic reaction to the pigment and that your body may reject the pigment even if a test patch is performed at the time of consultation.
- Should you have a concern, or a complaint of any kind whatsoever, please immediately notify Elaine Pichet's Artistic Touch, Inc.
- Should you experience an adverse reaction, allergic reaction and/or infection, you must notify Elaine Pichet's Artistic Touch, Inc. immediately.

I certify that the above statements have been fully explained to me and that I understand them completely. Furthermore, I have been given a copy of this sheet which I have signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO(S) RELEASE:

I hereby give permission to Elaine Pichet's Artistic Touch, Inc. to utilize my photo(s) for teaching and/or inside a portfolio.

YES       NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_