



TIFFANY TAYLOR

Informed Consent - Permanent Cosmetics

Name: _____ Date of Birth: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

How did you hear about us? (Check) Google Facebook Instagram Yelp Other

Referral (name) _____

The nature and method of the proposed semi-permanent makeup [cosmetic 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 that there may be a certain amount of discomfort or pain associated with the procedure and that other possible adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and/or 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 is rare if properly cared for, but may occasionally occur.

By initialing below, I specifically acknowledge that I have been advised of the facts and matters set below, and I agree as follows: (Please initial the line next to the number after you clearly understand each statement)

I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance 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 reaction is possible.

I acknowledge that complications as a result of semi-permanent makeup procedures may occur, particularly in the event that the post-procedural instructions are not followed, and accept full responsibility for such complications.

I realize that my body is unique and Tiffany Taylor cannot predict how my skin may react as a result of the procedure.

I have previously had Permanent Cosmetics performed by someone other than Tiffany Taylor on the same area [brows, lips, etc] that I am asking Tiffany Taylor to work on today.

IF YES, I understand that correcting or touching up Permanent Cosmetics that was performed by others involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which Tiffany Taylor has no control. I understand that additional appointments after the initial and follow-up appointments may be required, and will be billed at Tiffany Taylor's standard rates. I understand that Tiffany Taylor can not predict the results in advance and can not guarantee and has not represented that the results will be as I desire. I understand and fully accept the risks associated with this procedure and hold Tiffany Taylor harmless from same.

I acknowledge that the procedure may result in a long-lasting (many years) change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.

I acknowledge that the procedure may result in a long-lasting (many years) change to my appearance and that no rep I understand that future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my semi-permanent makeup, and that I must inform any future service provider that I have had Permanent Cosmetics applied. I understand and accept that such changes are not the fault of Tiffany Taylor. I further understand that such changes or degradation in my appearance may not be correctable through further semi-permanent makeup procedures. presentations have been made to me as to the ability to later change or remove the results.

I consent to the admittance of authorized observers to the procedure(s) for the purpose of education or assistance.

I acknowledge that obtaining the semi-permanent makeup is my choice alone, and I consent to the procedure and to its attendant risks, and to any actions or conduct of Tiffany Taylor reasonably necessary to perform the procedure.

I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of Tiffany Taylor.

[Optional/Requested] I consent to Tiffany Taylor using "before & after" photos of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting Tiffany Taylor, which will then discontinue use of said photo(s).

I have been given the full opportunity to ask any and all questions which I might have about obtaining semi-permanent cosmetic procedures from a Permanent Cosmetics specialist, and that all of my questions have been answered to my full and total satisfaction.

I have read and understand the contents of each statement above. I acknowledge that this is a 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 I am of sound mind and capable of making independent decisions for myself. I hereby release and forever discharge and hold harmless Tiffany Taylor from any and all claims, damages or legal actions arising from or connected in any way with my Permanent Cosmetics, or the procedure and conduct used in my performing my tattoo, to the fullest extent allowed by the law.

Client signature (or guardian if under 18 years of age)

Date

Practitioner

Date