

STATEMENT OF CONSENT

(Please READ and INITIAL)

- _____ Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will TEXT 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 Glycol Acids must not be used on the treated areas. They will alter the color.
- _____ I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.
- _____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm scheduled for an MRI.
- _____ I accept the responsibility for my explanation to you, my desire for specific colors, shape, and position for any procedure done today. If I don't like something, I will speak up and tell you.
- _____ I understand that implanted pigment color can slightly change color or fade over time due to circumstances beyond your control and I may need to maintain the color and shape with future applications and a touch-up session within 3 months.
- _____ I acknowledge that the proposed procedure(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 quoted the cost of today's appointment, which does not include any additional touchups. There will be NO REFUNDS for this elective procedure.

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) and 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 Kristin Claridge to perform on my body the Eyebrow Microblading / Microshading procedure today.

Signed _____ Date _____