



Client Information

Name _____ Date of Birth _____ Age _____

Address _____
Street City State Zip Code

Day/Cell Phone () - _____ - _____ Home Phone () - _____ - _____

Email (required) _____ Okay to leave message Y or N

Procedure: Eyebrows

Procedure Fee \$ _____ Cash, Check, Money Order or Gift Certificate

Informed Consent

The nature and method of the proposed Permanent Make-up (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 there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and 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 may occur, however, if properly cared for, is rare.

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Flor Henk and/or any associates. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- 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 risk that such a reaction is possible. I have informed the practitioner of any existing problems. _____ (initial)
I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed _____ (initial)
I have received a copy of the After Care Instructions. _____ (initial)
I REQUEST a patch test (requires rescheduling) _____ (initial) I declined patch test _____ (initial)
All subsequent procedures including the first touch up are an additional fee. _____ (initial)
I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure. _____ (initial)
Red Heads, blondes & fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not take. Additional procedures may be required to obtain desired results. _____ (initial)
Results WILL appear softer as the treated area heals. The area/s treated WILL NOT look as DEFINED or as BOLD as the 1st procedure. _____ (initial)
ALL procedures require 2 appointments & color boosts every 2 yrs to keep the color fresh. _____ (initial)
I acknowledge & understand that if I have oily/severely oily skin the pigment will heal/appear much softer and can look more solid due the over-production of oil glands. The pigment WILL fade quicker, look blurred or more solid. I accept these risks and would like to proceed. _____ (initial)
Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure. _____ (initial)
I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino etc., the pigment will appear softer and blend more with your own skins melanin and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. _____ (initial)
Alopecia clients- Due to the change in skin texture, pigments may heal more powdered. _____ (initial)

- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later change or remove the result. _____ (initial)
- I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further Permanent Make-up procedures. _____ (initial)
- Thyroid Conditions & Medicines, WILL prevent the pigment from retaining, fade quickly or change in color. I accept these potential risks & wish to proceed. _____ (initial)
- I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK. _____ (initial)
- I accept responsibility for determining the color, shape and position of the brows that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. _____ (initial)
- I acknowledge that the obtaining of Permanent Make-up procedure(s) is by my choice alone, and I consent to the application of the procedure and accept the risks _____ (initial)
- **When you leave our office, the hair strokes are intact. How your body heals them is out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention can still happen depending on your skin & lifestyle. This is NOT the fault of the technician.** _____ (initial)
- If you have had tattoo removal prior to seeing Flor, due to scar tissue the pigment may not retain. Further procedures may not be an option and I understand there are NO REFUNDS. _____ (initial)
- I understand that if any other technician applies permanent makeup over an area that was originally done by Flor; she will no longer perform future treatments. NO EXCEPTIONS! _____ (initial)
- In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. _____ (initial)
- I understand that if I do not abide by the strict after care, I can ruin my results. The After Care is crucial for optimum pigment retention. _____ (initial)
- Permanent Makeup is an ART, NOT a science. Client's results will vary and using a pencil or powder may or will still be needed. We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue. Touch ups will not be done any sooner than the required time recommended by the technician. _____ (initial)
- Absolutely NO Refunds after services have been performed. _____ (initial)
- I understand that at a certain point as the skin ages, PMU will no longer be an option. _____ (initial)
- Are you pregnant, nursing or trying (IVF) to get pregnant? (Circle) YES or NO, I DON'T KNOW
(If you circle, I don't know, services will not be performed)

BEAUTIFUL BY FLOR, INC CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT FOLLOWED _____ (initial)

I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding 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 to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature: _____ Date: _____

Flor Henk: _____ Date: _____