CONSENT FORM FOR PERMANENT COSMETICS

I hereby request and consent to the application of permanent color and consent to have the following procedures performed by:				
Please circle any of the following that may pertain to you:				
Eyeliner Eyebrows Beauty mask		Lip liner Areola pigmentation	Full lip color Other	Scar camouflage
Please read and INITIAL the following statements:				
-	subsequent visits to perfecting visit. Ma		rther understand the fee ir duled as needed and may	
-		erstand that with time, pigmen pe, medications, age, smoking		
-		owledge that no guarantees h the professional recommenda		cerning the results of this
-		applied pigments. I fully und		cations or adverse effects that may process; therefore it is NOT
-	I have adhere to such inst		ore- and post- procedure ir	nstructions, and agree to strictly
-				osition of the pigments that will be htly due to the tone & color of my
-	I unde	erstand that the taking of befo	re and after photographs o	of procedures are required.
•	It is normal to lose apappear to be a shade will appear softer who	oproximately 1/3 of the color during too dark; in 6 days, it may appear ten completely healed, as the colo	ng the healing process. After ar to be too light. After 10 da r will come from the dermal la	ruising, dry patches, and tenderness. most procedures, the color may ays, the color will show more initially. It ayer of the skin to the epidermal layer your Iron Oxide Permanent Cosmetics,
Client's signature:			Date:	
Witness signature:			-	Date:
Practitioner signature:			_	Date: