

ideally brows

permanent cosmetic studio

Informed Consent for Procedure

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND WHAT THEY MEAN BY INITIALING NEXT TO EACH PARAGRAPH

Initial: _____

1. I absolutely understand and accept that this procedure is a process, often requiring multiple applications of color to achieve desirable results and the 100% success cannot be guaranteed. _____
2. It has been explained to me and I understand that minor and temporary bleeding, bruising, redness, swelling, fading, or loss of pigment may occur. There is a rare risk of infection, missed place pigment, allergic reaction, fever blisters, corneal abrasion and/or color change with any cosmetic micro pigments. _____
3. If I had a permanent cosmetics procedure performed previously by another practitioner, I do not hold Theresa Ring, TRing Squared LLC or Ideally Brows responsible for future allergic reactions or contraindications. _____
4. I have informed Ideally Brows of any and health problems that I may or have had in the past. _____
5. I understand that Ideally Brows cannot guarantee the outcome of any permanent makeup procedure due to the unpredictability of the human skin. _____
6. I accept responsibility for helping to determine the color, shape, and position of eyebrows, Eyeliners and lip liner/full lips. _____
7. I have received, reviewed and understand the post-procedural instructions as given to me and agree to follow them. I understand the importance of strictly adhering to such instructions. _____
8. I understand that lip augmentation, Botox, Restlyne or any cosmetic surgery can change the positioning of my permanent makeup. _____
9. If I am a contact lens wearer, I acknowledge that I must remove my contact lenses and keep them out for at least 24-48 hours. _____
10. It is recommended that you not drive home from your procedure. If you choose to drive, you agree to waive all responsibility to Ideally Brows and my practitioner. I assume full responsibility for my actions and acknowledge that I can see, without issues, to drive. _____
11. I understand that this procedure will fade and this fading can alter the original pigment color due to circumstances beyond the control of Ideally Brows. _____
12. I understand that I will need to maintain the color with future applications. sun, skin care products, pool and other factors play a role in fading as mentioned in the after-care instructions. _____
13. I realize this is an elective cosmetic procedure, not an exact science, and is not medically necessary. I acknowledge that there are no refunds upon treatment for this elective procedure. _____

14. I authorize Ideally Brows, their parent company, any subsidiaries and Theresa Ring unrestricted use of before and after photographs to include but not limited to portfolio and teaching. _____
15. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent make up color dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent make up. _____
16. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have Iron Oxide Permanent Cosmetics. _____
17. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner. _____
18. I am aware that if an infection occurs after I have received permanent cosmetics I will see my Primary Care Physician or an emergency room, immediately. _____
19. I am aware that Ideally Brows will use new pre-sterilized needle(s) and pigment(s) for all procedures and will follow OSHA standards and on all client's new gloves are worn for all procedures. _____
20. I understand the fee that Ideally Brows quotes for the procedure I've requested, includes one follows up visit to complete the original work. I understand that everyone's skin is different and may require additional visits for more color application to achieve desirable results. I acknowledge that **Additional visits incur an additional fee.** _____
21. I have received no unrealistic warranties or guarantees with the respect to the procedure being performed. _____
22. Your signature below represents consent for Permanent Cosmetic services and shall remain in effect during the entire period you remain a client of Ideally Brows and/or Theresa Ring. _____
23. I acknowledge by signing this consent form. I have been given the full opportunity to ask any and all questions about permanent makeup procedures and processes from my permanent makeup practitioner and/or her associates _____

Are you pregnant?

Yes No

ACCEPTANCE:

I have read and understand these risks listed above and they have been explained to me. **I DID NOT JUST SIGN THIS DOCUMENT.** I certify that the information in the above questionnaire is accurate and that it has been explained to me in detail and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request.

Signature of Client _____ Date ____/____/____

Permanent Cosmetic Practitioner _____ Date ____/____/____