

Client Consent to be Photographed

Date: \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_

I consent to the reproduction and use of my photo(s) (without identifying client name or marks), with the consent of the producing agent(s), Blissologie Inc., ONLY. Consent shall involve the use of my photos for any educational purposes, including instruction, display to professional organizations, websites, social media and advertising thereof.

This consent, as stated above, shall be a continuing consent for all procedures, past, present & future. Written notice must be received from the client asking to discontinue use. (60 days written notice required)

I give Sandra Caballero, Blissologie, Inc. permission to use my photo/s as marked below.

Full Face \_\_\_\_\_ Initials

Eyebrows w/Eyes Only (MUST INITIAL) \_\_\_\_\_ Initials

Lips only \_\_\_\_\_ Initials

Micro-Needling  
Full Face, Eye Area \_\_\_\_\_ Initial  
Cheeks, Neck, Chest  
Arms, Peri-oral, Lips

Client's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Instructor/Technician: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 - Eyeliner - Lips – Beauty Mark – Areola

Procedure Fee \$ \_\_\_\_\_ Cash, Check, Money Order, Gift Certificate , Credit Card

## 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 Blissologie, Inc. 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 & 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 1<sup>st</sup> procedure. ALL procedures require 2 appointments & color boosts every 12-18 months 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. I accept this risk 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, Philipino 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 future laser treatments or other 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)**
  - For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). APPROVE \_\_\_\_\_ **(initial)** DECLINE \_\_\_\_\_ **(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 pigments 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)**
  - If you have had tattoo removal prior to seeing Sandra, 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 Sandra; she will no longer perform future treatments. NO EXCEPTIONS! \_\_\_\_\_ **(initial)**
  - In the event of a CAT scan or MRI, 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 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 Blissologie, Inc. \_\_\_\_\_ **(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)**
- SANDRA CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT FOLLOWED \_\_\_\_\_ **(initial)****

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Referred By: \_\_\_\_\_

To avoid unforeseen complications, please answer the following questions:

- Y N Are you over the age of 18? Legal guardian's initials: \_\_\_\_\_
- Y N Have you had any aspirin or blood thinning products within the last 7 days?
- Y N Any mood altering drugs within the last 8 hours? (i.e. Wellbutrin, Xanax, Prozac)
- Y N Do you have any history of cold sores, herpes, or fever blisters?
- Y N Are you sensitive to Latex?
- Y N Have you had a chemical or laser peel?
- Y N Do you have problems with healing?
- Y N Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?
- Y N Are you currently undergoing radiation or chemotherapy?
- Y N Are you currently taking any chemotherapy medications?
- Y N Are you currently using Retin-A or "Alpha Hydroxy" skin care products? (If so, avoid use for 1 month following procedure)
- Y N Do you wear contact lenses?
- Y N Are you allergic to any metal? (e.g. Can only wear 14k gold) \_\_\_\_\_
- Y N Have you ever had any permanent makeup procedures before? Prior to Sandra? Area? When? \_\_\_\_\_
- Y N Medication, including immunosuppressive, such as anti-inflammatory or steroids?
- Y N Withdrawal from caffeine products?
- Y N Are you allergic to topical antibiotic numbing creams or desensitizers?
- Y N Is there any history of skin diseases or remarkable skin sensitivities?
- Y N Are you taking any vitamins?
- Y N Are you pregnant or nursing?
- Y N Are you required to take antibiotics during dental or invasive medical procedures?
- Y N Do you have any drug allergies? If yes, list in space provided at the end of the form.
- Y N Are you currently taking medication for high or low blood pressure?

Y N **Did you work out today?**

Y N **Have you consumed alcohol today?**

Do you, or have you had, any of the following:

- Tuberculosis  MRSA/STAPH
- Heart condition/Pace Maker
- Trichotillomania  Eczema/Dermatitis
- Allergies to makeup  Hepatitis/Jaundice/HIV
- Accutane treatment  Kidney Disease
- Dry eyes  Cold sores
- Keloids  Tendency to bleed
- Glaucoma  Thyroid Issues
- Diabetes  Hyper-pigmentation
- Stroke  Hypo-pigmentation
- Chest pains  Herpes Simplex
- Shortness of breath  Refractive eye surgery
- Alopecia  Autoimmune disorders
- Epilepsy/seizures  Shingles
- Smoker  Eyelid surgery
- Cataract surgery  Lasik surgery
- Tear duct plugs  Ocular Herpes
- Planning on having Facial Plastic Surgery
- Cancer (List below)  Head Injury/Trauma
- Tan Regularly?  Laser removal of brows
- Facelift/Forehead/Brow Lift/Rhinoplasty
- Scar/s in area  Eyebrow Transplant
- Botox/Fillers- Area/s \_\_\_\_\_
- Other Medical Conditions: LIST BELOW

Please explain any checked question, list any other medical conditions or allergies, and **list all your medications:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**Client's Signature**

**Date**

*Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.*