



## Micropigmentation (Semi-Permanent Makeup) Informed Consent

The nature and method of the proposed semi-permanent makeup (cosmetic 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 that there may be a certain amount of discomfort or pain associated with the procedure and that other possible adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and/or 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 is rare if properly cared for, but may occasionally occur.

By signing below, I specifically acknowledge that I have been advised of the facts and matters set below, and I agree as follows: (Please initial the line next to the number after you clearly understand each statement)

1. \_\_\_\_\_ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance 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 reaction is possible.
2. \_\_\_\_\_ I acknowledge that complications as a result of semi-permanent makeup procedures may occur, particularly in the event that the post-procedural instructions are not followed, and accept full responsibility for such complications.
3. \_\_\_\_\_ I realize that my body is unique and neither Southeastern Esthetics Institute nor its employees or contractors can predict how my skin may react as a result of the procedure.
- 4a. \_\_\_\_\_ I have previously had micropigmentation performed by someone other than Southeastern Esthetics Institute on the same area (brows or eyeliner) that I am asking Southeastern Esthetics Institute to work on today.  
\_\_\_ **YES** \_\_\_ **NO**
- 4b. \_\_\_\_\_ IF YES, I understand that correcting or touching up micropigmentation that was performed by others involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which Southeastern Esthetics Institute has no control. I understand that additional appointments after the initial and follow-up appointments may be required, and will be billed at Southeastern Esthetics Institute's standard rates. I understand that Southeastern Esthetics Institute can not predict the results in advance and **can not guarantee and has not represented** that the results will be as I desire. I understand and fully accept the risks associated with this procedure and hold Southeastern Esthetics Institute harmless from same.
5. \_\_\_\_\_ I acknowledge that the procedure may result in a long-lasting (many years) change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.

6. \_\_\_\_\_ I understand that future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my semi-permanent makeup, and that I must inform any future service provider that I have had micropigmentation applied. I understand and accept that such changes are not the fault of Southeastern Esthetics Institute or its employees or contractors. I further understand that such changes or degradation in my appearance may not be correctable through further semi-permanent makeup procedures.
7. \_\_\_\_\_ I consent to the admittance of authorized observers to the procedure(s) for the purpose of education or assistance.
8. \_\_\_\_\_ I acknowledge that obtaining the semi-permanent makeup is my choice alone, and I consent to the procedure and to its attendant risks, and to any actions or conduct of Southeastern Esthetics Institute and its employees and contractors reasonably necessary to perform the procedure.
9. \_\_\_\_\_ I understand that I will have the opportunity, within the time constraints of my appointment, to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility for same.
10. \_\_\_\_\_ I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of Southeastern Esthetics Institute.
11. \_\_\_\_\_ [Optional/Requested] I consent to Southeastern Esthetics Institute using "before & after" photos of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting Southeastern Esthetics Institute, which will then discontinue use of said photo(s).
12. \_\_\_\_\_ I have been given the full opportunity to ask any and all questions which I might have about obtaining semi-permanent cosmetic procedures from a micropigmentation specialist at Southeastern Esthetics Institute, and that all of my questions have been answered to my full and total satisfaction.

#### **PRE-PROCEDURE INFORMATION**

**All permanent cosmetic procedures are a multi-session process. You are required to come back for at least one touch-up visit before it can be determined that your work is complete. Touch-up visits are scheduled at 4-6 week intervals or longer.**

**Be prepared for the initial color intensity of your procedure to be significantly sharper, brighter, or darker than what is expected for the final outcome. It will take time for this transition based upon how quickly the outer layer of your skin exfoliates.**

**While these tattooed colors may initially simulate the exact color and tone desired, they will not always remain a perfect match. Tattooed colors are constant, while your own skin color will vary depending on exposure to cold, heat, sun, and circulatory changes.**

**You need to expect the first session to have significant fading. This is why you need the touch-up session for your ultimate result.**

- 1. Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it is best not to make any social plans for a day or two following any procedure. It is always best to avoid these procedures within months prior to important life events such as weddings.**
- 2. Please wear little to zero makeup to your appointment. Please do not wear mascara to an eyeliner procedure.**
- 3. Waxing should be done at least 48 hours prior to the procedure; electrolysis no less than 5 days before. Do not resume ANY method of hair removal for at least two weeks.**
- 4. Any eyelash or eyebrow tinting or eyelash curling should be done no sooner than 5 days before, or two weeks after the procedure.**

5. **DO NOT** wear contact lenses during or within 48 hours following the eyeliner procedure. Remember to bring your glasses. You may resume wearing your contact lenses as soon as your eyes return to their pre-tattooed condition.
6. Following the eyeliner procedures, as a safety precaution, we recommend that you have someone available to accompany you or drive you home. We will give you ice to take home after the procedure.
7. Refrain from the use of alcohol, aspirin, aspirin-containing medications, ibuprofen, or other blood-thinning medications at least 48 hours before the procedure. Refrain from judgment-altering drugs for at least 24 hours prior to any procedure. No medication should ever be discontinued without first consulting your physician. A skin test is offered upon request.

## **AFTER CARE INSTRUCTIONS**

Proper care following your procedure is necessary to achieve the best results. Keep in mind that in many cases, some unevenness of color is to be expected. The purpose of the touch-up visit is to correct any color or shape issues. Please review the following directions and refer to them as necessary. If during your healing process you have any questions or concerns, please contact us.

1. Ice packs protected with a cloth may be applied as necessary to reduce swelling. Sleeping slightly elevated helps alleviate swelling sometimes seen in the morning after facial procedures.
2. Wash your hands before touching any treated area. Cotton-tipped applicators may be used to gently cleanse the eye area. Do not expose the area to dirty or unsanitary conditions. Wearing glasses outdoors is a good way to protect new eyeliner from dust, ect.
3. Some itching is normal. **DO NOT PICK, PEEL, OR SCRATCH** the treated area or your color may heal unevenly and you risk scarring and infection.
4. No makeup is to be applied for 72 hours (three days) after the procedure on the tattoo area. After any eyeliner procedure, use new mascara for the first 10 days after the 3 days of no makeup. Do not use an eyelash curler for two weeks.
5. Do not expose your healing skin to direct shower spray, skin creams, ointments, or lotions other than what you have been instructed to use for at least 3 days following your procedure. It is recommended to use a protective coating of Vaseline or Aquafor for the first three days of healing. You may resume your regular routine of moisturizers, creams, or serums - excluding those with acids during the healing process.
6. Do not expose your healing skin to direct sun, tanning beds, hot tubs (tub bath if body area treated), saunas, salt water, chlorinated pools, or extremely hot water for 2 weeks following your procedure.
7. Use a good sunscreen daily. Sun exposure will fade your permanent cosmetics and may cause irritation even years later.
8. If you are planning chemical exfoliation, or other medical procedure, please inform your physician of your cosmetic tattoo.

## HEALING SCHEDULE FOR PERMANENT COSMETICS

### *Eye Brows*

Day: What to Expect:

1-2 What you see is about 20-60% darker, bolder, and more solid than what your healed result will present. There may be minimal swelling; however as the eyebrow area typically does not retain much fluid, swelling will be limited. The top layers of skin will begin to shed about day 3-5 and you will see a loss of color. This is normal.

3 Your eyebrows may begin to itch and the pigment may appear somewhat raised. **DON'T SCRATCH THEM!**

4-6 Your skin is now rapidly exfoliating and if left alone, will shed evenly. The color under the skin will continue to appear light until the epidermis becomes more transparent.

30-40 Your eyebrows have had a full cycle of cellular regeneration in which the tattoo has now become part of the dermis, seen under the epidermis.

### *Eye Liner*

Day: What to Expect:

Day Of: This can vary from slightly puffy to swollen, heavy lids; light sensitive and possibly bloodshot eyes. It's advisable to sleep in an elevated position to help reduce swelling at night.

1 Eyes will be swollen and perhaps a bit 'crusty' upon waking. The swelling will reduce after being in an upright position and from blinking and increased circulation to the area. Avoid heavy lifting, physical exertion, and crying.

2 Eyes will be less swollen, but will feel tight. The lash area will feel sore if touched.

3-4 The top layer of skin will begin to flake off in little stitch looking lines, although some people do not notice the exfoliation. **DO NOT PICK**– you will pull pigment out and end up with uneven color. Blinking helps eliminate the small pieces of pigment and epidermis that has detached. It is important not to pick at it or rub the eyes.

7-9 All shedding should be complete. You are safe to put your face back in the shower spray. During this time, the tattoo may appear to have vanished, this is a normal part of the healing process, and the pigment will re-emerge.

10 Pigment, if it faded, should have returned. What you see now is very close to the healed result.

**NOTE: The outcome of permanent cosmetic procedures is dictated by the canvas (your skin). The better condition your skin is in, the better the final result will be. Very oily, dry, or sun damaged skin can be very difficult to achieve a beautiful even result. Mature clients may need an additional one to two weeks healing for the final results to appear. The better you take care of your skin and protect it from UV rays, the better the outcome and lifespan of the permanent cosmetics procedures.**

**I have read and understand the contents of each statement above. I acknowledge that 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 I am of sound mind and capable of making independent decisions for myself.**

**Southeastern Esthetics Institute and its affiliates from any and all claims, damages or legal actions arising from or connected in any way with my micropigmentation, or the procedure and conduct used in my performing my tattoo, to the fullest extent allowed by the law.**

\_\_\_\_\_  
Name (Please print legibly) Date

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

\_\_\_\_\_  
Practitioner Signature Date

\_\_\_\_\_  
Physician Signature Date