The nature and method of the proposed tattoo procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following this 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, cruising, redness, or other discoloration and swelling. 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 obtaining any permanent cosmetic procedures from Marie Alfano. 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 or not I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure. 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 makeup procedure, particularly in the event that post-procedural instructions are not followed. ____________ Initial

• I have received a copy of the aftercare instructions. ____________ Initial

• I REQUEST a patch test (rescheduling the procedure will be required, along with an additional $50 deposit). ____________ Initial

• I DECLINE a patch test. ____________ Initial

• All subsequent procedures including touch ups are and additional fee. ____________ Initial

• I realize that my body is unique and that the practitioner cannot predict how my skin may react as a result of the procedure. ____________ Initial

• Red heads, blondes, and fair 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 bold as the first procedure. ____________ Initial

• ALL procedures require 2 appointments and color boosts every year to keep the color fresh. ____________ Initial
I acknowledge that if I have OILY skin the pigment will heal/appear much softer and can look more solid due to the over-production of oil. 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 and fade the pigment faster. It is recommended to NOT have a tan/burn on your face at the time of the procedure. ___________________ Initial

I acknowledge and understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino, etc.) will appear softer, more blended with your own skins melanin and will not appear as bold or defined as on lighter skin types, the hair strokes may be less visible. ___________________ Initial

Alopecia clients - due to the change in skin texture, pigments will 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 as to a later change or removal of the result. ___________________ Initial

I understand that skin altering procedures, such as plastic surgery, implants, an/or injections may alter and degrade my permanent makeup. I further understand that such changes are not the fault of the practitioner. I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures. ___________________ Initial

Thyroid conditions and medicines WILL prevent the pigment from retaining, fade quickly, or change in color. I accept these potential risks and wish to proceed. ___________________ Initial

I acknowledge that no guarantees have been made to me concerning the results of this procedure and that 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 my my skin. ___________________ Initial

I acknowledge that the obtaining of permanent makeup procedures is 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 this procedure, due to scar tissue the pigment may not be retained by the skin, further procedures may not be an option and I understand there are no refunds. ___________________ 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 (which is rare) may occur during the procedure. ___________________ Initial

I understand that if I do not abide by the strict aftercare instructions, I can ruin the outcome of the procedure. The aftercare is crucial for optimum pigment retention. ___________________ Initial

There are absolutely NO REFUNDS after services have been performed. ___________________ Initial

I understand that after a certain point as the skin ages, permanent makeup will no longer be an option. ___________________ Initial

Brows by Marie can release a client at any time from any future services. ___________________ Initial

Are you pregnant, nursing, or trying to get pregnant? CIRCLE YES NO

I have read and fully understand the contents of each paragraph above. I acknowledge that this is a legal and 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. I further acknowledge that at the time of signing the consent to this procedure, I was of sound mind and capable of making independent decisions for myself.

Client Printed Name ______________________________________ Date ____________________

Client Signature ______________________________________