



facial threading • skin care • lash extensions

Permanent Make-Up Consent Form

Name: _____ DOB: _____

Email: _____

Cell Ph: _____ Referred By: _____

_____ I am over the age of 18

_____ I am not under the influence of drugs or alcohol

_____ I am not pregnant, or nursing

_____ I do wish to receive the indicated permanent cosmetic procedure, i.e. micro-blading at Beautif-EYE, LLC and by Beautif-EYE employee.

_____ I agree the general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

_____ I reviewed all information pertaining to this Micro-Blading procedure on www.beautif-eyestudios.com and understand the nature, risks and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning, fading of pigments. I understand the actual color of the pigment may be modified slightly due to the tone of and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s)

_____ I understand there is a possibility of an allergic reaction to pigments. I release Beautif-EYE, LLC and Beautif-EYE Employee for any & all liability if I developed any & all types of reaction to the pigment.

_____ I understand that if I have any skin treatments, botox, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable (_____) *initial*.

_____ I have received Pre & Post procedure instructions and will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure.

_____ If I am on any medications of depression or any other mood altering prescriptions, I will advise my technician.

_____ I understand that the taking of Before & After photographs of the said procedure(s) are a condition of the procedure(s). These photos will not be shared unless consented to below.

I consent to have my Before & After photos used for Beautif-EYE, LLC social Media: **YES** _____ **NO:** _____

I certify that I have read and initialed the above paragraphs in sound mind and am confident in my understanding of what this cosmetic tattoo procedure entails: **Signature Required** _____

Print Name: _____

Signature: _____

Today's Date: _____

Technicians Signature: _____

Your appointments are very important to the entire Beautif-EYE staff, it is reserved especially for you, we understand that sometimes schedules adjustments are necessary; therefore, we respectfully request at least 24 hours notice for cancellations.

STRICT AND ENFORCED 24 HOUR CANCELLATION POLICY!

Please understand that when you forget or cancel your appointment without giving enough notice, we miss the opportunity to fill that appointment time, and clients on our waiting list miss the opportunity to receive services. Our appointments are confirmed 24 hours in advance because we know how easy it is to forget an appointment you booked months ago. Since the services are reserved for you personally, a Cancellation fee will apply and a Credit Card will have to be put on file for future bookings.

- Less than 1 Day notice with reschedule will result in a charge of a \$25.00 fee which will deducted from your deposit.

- Less than 1 day notice with no reschedule will result in forfeiting the full \$150 deposit.

- “NO SHOWS” will be charged 100% of the \$150 deposit.

- Any multiple services or combos must be held with a credit card. Multiple services or combos not cancelled 24hours in advance will be charged 100% of the \$150 deposit. A credit card "HOLD" transaction maybe made on your credit card to reserve the appointment time.

The cancellation policy allows us the time to inform our standby guests of any availability, as well as keeping our Beautif-EYE team members scheduled filled, thus better serving everyone. Beautif-EYE policies are presented and provided in the best quality and tradition of excellent servicing for our established and future clientele. Thank you for viewing and supporting our policies criteria.

CONFIRMATION CALLS

As a courtesy, we will text or email to confirm your service appointments business day prior to your appointment date. Please understand that it is your responsibility to remember your appointment dates and times to avoid late arrivals, missed appointments and the cancellation fee.

Print Name: _____

Signature: _____

Date: _____