



Permanent Make-Up Consent Form

Name: _____ Date: _____
Email: _____ DOB: _____
Cell Ph: _____ Referred By: _____

Initial Below:

_____ I am over the age of 18.
_____ I am not under the influence of illegal 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 acknowledge my skin does NOT keloid.
_____ 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 (_____) **intial.**
_____ 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: _____ **Print Name:** _____

Technicians Signature: _____

STRICT AND ENFORCED 24 HOUR CANCELLATION POLICY!

Your appointments are very important to the entire Beautif-EYE staff, and it is reserved especially for you. We understand that sometimes schedule adjustments are necessary; therefore, we respectfully request at least 24-hour notice for all cancellations/reschedule request. We will send a confirmation text reminder 24hrs in advance, so if you do need to cancel your appointment for any reason you are able to respond to that message or call the studio directly.

- ❖ Cancellation Policy for Lash Extensions & Lash Lifts services:
 - “Day of” Appointment or less than 24-hour notice will be charged 50% of service.
 - “NO SHOWS” will be charged 100% of the reserved service amount.

- ❖ Cancellation Policy for MicroBlading: Less than 24-hour notice, deposit is forfeited 100%

- ❖ Cancellation Policy for all Threading & Tinting Services:
 - “NO-SHOWS” will be charged 100% of scheduled service.
 - Any appt 4 min late or more, without notifying store, will be automatically cancelled, and charged 100% of scheduled service.

Beautif-EYE’s cancellation policy allows us time to inform our standby guest of any availability, as well as keeping our Beautif-EYE team members schedule 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 policy criteria.

CONFIRMATION CALLS & TEXT MESSAGES:

As a courtesy, we will text, email or call to confirm your service appointment the 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 or missed appointments which would result in the cancelation fees.

Printed Name: _____

Signature: _____

Date: _____