



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:

Procedure Fee \$ _____ Cash, Check, Credit card, Gift Certificate

Artist name: Nikki Matias

License#: BA-TA 10184421

Artist review and initials here _____ Date _____

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.

The information I supplied on this form is true and correct to the best of my knowledge. I have been fully informed both verbally and in writing of the risk of the tattoo service I am receiving including possible reactions, side effects, and potential complications of the service. I have been informed both verbally and in writing regarding aftercare instructions for the service I am receiving. _____ (IN)

I understand that I may require a doctor's medical release to move forward with said procedure. If I have checked any of the boxes on page one or have any contradictions to the procedure and healing process I understand that I may have to make a later appointment at a different time with a doctor's medical release to receive services. _____ (IN)

I understand that this treatment is for cosmetic or artistic purposes and that no guarantee has been made to me regarding the result as I understand that every skin responds differently. I am responsible for the "at home care" using only the advice given to me per my aftercare instructions. If NOT I may have risk of infection or fading of pigments and color if not carried out fully. I have been given pre care and post care information in writing and verbally. I consent to before and after photographs of this procedure wish is at the Body Art Practitioners discretion. ____IN

I understand that any tattoo work over old permanent cosmetic is considered a correction. I understand that my artist can only work within the parameters of what is currently being corrected. I understand that correction can be a lengthy process and have had a consultation prior to moving forward with procedures _____ (IN)

I understand that I **must** wait a minimum of 6-8 weeks for the procedure area to fully heal before there can be any kind of touch up _____ (IN)

I understand that the initial and first procedure is **not** the final result or final outcome of my procedure. I agree to return for my touch up within 4 months of my initial procedure. If I do not schedule my touch up procedure or have it completed within 8 months of my initial procedure, I understand I will be charged the current touch up fee. _____(IN)

I agree to let Rebel Beauty use my before and after photos for marketing or learning purposes. Photos are to remain anonymous and only of treated area. Yes/No

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 Rebel Beauty Studio, Nikki Matias. 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 _____(initial)
- 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 after 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 1st procedure. _____(initial)
- ALL procedures require 2 appointments & color boosts every 2 yrs 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 to the over-production of oil glands. 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 & 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, Filipino 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 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)
- Thyroid Conditions & Medicines, WILL prevent the pigment from retaining, fade quickly or change in color. I accept these potential risks & wish to proceed. _____(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 brows 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)

Follow up visit: 1st touch up date:_____ 2nd touch up date:_____