

Farabee Fine Lines Consent To Micropigmentation Procedure

Please read all the following carefully and indicate that you understand what it means by initialing next to each item.

1. The nature and method of the proposed procedure(s) have been satisfactorily explained to me, including any risks or complications that may occur during and following the procedure_____.
2. Lisa Farabee has explained and I absolutely understand and accept that micropigmentation (permanent make-up) is a process, often requiring more than one application of color to achieve desirable results. I also understand that 100% success cannot be guaranteed. I also understand that the extent of the procedure depends on what changes are desired and the methodology Lisa deems appropriate. The length of time to complete the procedure varies with each individual; (a) the type of procedure, (b) width and depth of application area, (c) color desired, (d) acceptance of pigment_____.
3. I fully understand, as with all micropigmentation procedures that this is an elective cosmetic procedure, not an exact science but rather art. Depending on the procedure(s) I select, I accept responsibility for determining the color, shape, and position of the eyebrows, eyeliner and/or full Lip-shading, tattoo, or the color and position of camouflage_____.
4. Lisa Farabee has explained and I understand that most procedures require one 2 hour treatment visit, and one 1-hour touch-up visit. I understand that to achieve optimal results, a gradual build-up of color requiring multiple applications is necessary. I further understand that the results of my procedure are determined in part by the nature of the pathology of my skin type but not limited to the following factors: (a) Medication (advise the specialist of any medication currently being administered), (b) Skin characteristics: dryness, oiliness, sun-damaged thickness, color chemically-damaged and etc.,(c) My skin color blending with pigment colors, (d) pH balance of skin, which may change from visit to visit, (e) Alcohol intake, smoking, etc., (f) after care treatment, (g) Current state of health_____.
5. I have received, reviewed and understand the After Care Instructions as given to me and agree to follow them_____.
6. I understand that a certain amount of discomfort is associated with this procedure. It has been explained to me that the following possibilities may occur upon completion of the procedure: minor and temporary bleeding, bruising, redness or other discoloration of the skin; swelling; fever blisters on the lip area following lip procedures in individuals prone to them; eyelash loss for eyeliner procedure, possible scarring, pigment migration, infection, allergic reaction to pigments, and/or fading or loss of pigment. It has been explained to me that I must defer from donating blood for one year after the procedure. I understand that I must inform the radiologist that I have iron oxide permanent makeup pigment if I am to receive a MRI (Magnetic Resonance imaging)._____.
7. I understand that this procedure will fade and this fading can alter the original pigment color and that this simply determines that it is time for a touch-up visit._____.
8. To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have any micropigmentation procedure done at this time. I am at least 18 years old. I do not have a heart condition. I do not have epilepsy. I have not had hepatitis within the last year. I am not hemophiliac. I am not under the influence of drugs or alcohol._____.
9. I agree to follow all Before and After Care Instructions as provided and explained to me by Lisa Farabee._____.
10. I agree that these waivers also pertain to and are designed to protect any and all establishments where Lisa Farabee conducts business._____.
11. For the purpose of documentation, I also consent to taking of "before" and "after" photographs of said procedure(s), which may or may not be used for advertising purposes._____.
12. I understand that if my initial touch-up which is included in initial price is not received within the first three months after my initial procedure I forfeit the free touch-up and will have to pay \$50 within the first year and \$125 after that_____.
13. Prices are subject to change_____.

I HEREBY AUTHORIZE LISA FARABEE, AND/OR WHOEVER MAY BE DESIGNATED AS ASSISTANTS, OF LISA FARABEE, TO PERFORM UPON MYSELF THE FOLLOWING PROCEDURE._____. AND IF ANY UNFORSEEN CONDITIONS ARISE IN THE COURSE OF THIS (THESE) PROCEDURE(S), I AUTHORIZE CALLING IN HER JUDGEMENT FOR PROCEDURES IN ADDITION TO OR DIFFERENT FROM THOSE NOW CONTEMPLATED, I FURTHER REQUEST AND AUTHORIZE HER TO DO WHATEVER SHE DEEMS ADVISABLE AND NECESSARY IN THE CERTAIN CIRCUMSTANCE. I CERTIFY THAT I HAVE READ AND HAVE EXPLAINED TO ME FULLY UNDERSTAND THE ABOVE CONSENT TO MICROPIGMENTATION PROCEDURE AGREEMENT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND I ACCEPT THE FULL RESPONSIBILITY FOR THESE OR ANY OTHER COMPLICATIONS THAT MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROPIGMENTATION/PERMANENT/TATTOO PROCEDURE(S) THAT IS TO BE PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT TO MICROPIGMENTATION PROCEDURE AGREEMENT; THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN BEFORE I SIGNED.

Client Signature: _____ Date: _____

Micropigmentation Specialist Signature _____ Date: _____