



**CLIENT INFORMED CONSENT & PROCEDURE CHART**

Name \_\_\_\_\_ Date of Procedure \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ email: \_\_\_\_\_

Beauty Mark	Lip liner	Skin Needling
Eyebrow micro-blade	Full Lip	Correction
Permanent Eyebrow	Lip Shading	Scar Camouflage
Eyeliner	Areola	Hair Simulation

I am over the age of 18 and desire \_\_\_\_\_, to perform the elective cosmetic pigmentation procedure understanding that this procedure is for cosmetic purposes only and not for health reasons.

I have been made aware of some of the possible complications and adverse reactions that this procedure may cause. I understand that these complications are not very common and there is no way to predict whether I would get a complication. I am fully aware of the risks the above named procedure involves.

1. Bleeding: This is the most common side effect of procedures and is the reason why we ask you to stay off of all aspirin-containing products for ten days before the procedure. You should avoid alcohol consumption for the 24 hours after the procedure.
2. Poor wound healing: Patients who are cigarette smokers seem to have more trouble than non-smokers with wound healing. There is also a considerable variation between different people's skin, which can affect the way you heal.
3. Infection: This can occur after any permanent make-up, even if all possible precautions are taken. If infections do occur, it needs to be treated appropriately with a course of antibiotics.
4. I have been informed of the risks, and possible complications resulting from 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: slight discomfort associated with procedure, infection, and scarring, inconsistent color, spreading, fanning or fading of pigments, slight bleeding & bruising. Individuals prone to fever blisters may have an outbreak if not properly medicated. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the undertone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art.
5. I give permission to use my photo for any and all promotions. Some of the above-mentioned complications may require further permanent make-up in order to correct the complications.

NAME PRINT

DATE

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NAME SIGN

WITNESS



Please answer the following questions

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- YES/NO DO YOU TAKE ASPRIN DAILY?
- YES/NO **ARE YOU REQUIRED TO TAKE ANTIBIOTICS PRIOR TO DENTAL OR MEDICAL PROCEDURES?**
- YES/NO HAVE YOU TAKEN ANY FORM OF MOOD ALTERING MEDICATION IN THE LAST 10 HOURS
- YES/NO Have you had a chemical peel in the last 30 days?
- YES/NO Have you had any injectable fillers such as Botox, Restylane, Juvederm etc.? If yes when\_\_\_\_\_
- YES/NO Has healing even been a problem
- YES/NO Do you have any Permanent makeup or tattoos?
- YES/NO Have you had any complications with previous tattoos or Permanent Makeup?
- YES/NO Are you currently undergoing radiation or chemotherapy?
- YES/NO Do you wear contact lenses? (If yes and you are undergoing an eyeliner procedure they must be removed for a minimum of 24hours)
- YES/NO Do you have any allergies to metal?
- YES/NO Do you have any allergies to products containing "Caine?"
- YES/NO Do you have Hepatitis?
- YES/NO Are you HIV positive or have Aids?
- YES/NO **Do you have ocular herpes or herpes of the lip?**
- YES/NO Heart Condition
- YES/NO Dry Eyes
- YES/NO Allergies of any kind
- YES/NO Glaucoma
- YES/NO Any form of cancer
- YES/NO Keloid or Hypertrophy scars?
- YES/NO Are you currently undergoing radiation or chemotherapy?
- YES/NO Do you have diabetes? Type 1 or 2

**LIST ALL MEDICATIONS BOTH PRESCRIPTION AND OVER THE COUNTER THAT YOU ARE CURRENTLY USING.**

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Name \_\_\_\_\_

DATE \_\_\_\_\_

NAME SIGN

WITNESS

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Client/Model  
Name: \_\_\_\_\_

**Client/Model Release**

In consideration of my engagement as a model upon the terms stated, I hereby give to Photographer and Academy:

a) The irrevocable, exclusive and unrestricted right and permission without compensation, to create, copy, use, re-use, alter, publish, License, assign and distribute the photographic portraits or pictures in which I may be included in whole or in part in conjunction with my own name, a fictitious name or no name at all. Studio Booseh is granted the foregoing exclusive rights regarding the Released Images in any and all media now or hereafter known, including but not limited to film, print, video and digital reproduction for illustration, art, promotion, advertising, trade or any other purpose whatsoever.

I acknowledge that as between Studio Booseh/Photographer and me, Studio Booseh is and shall be the author of all Released Images under copyright laws and owns and shall own all Released Images.

b) I also permit and authorize Studio Booseh to use any printed material or other materials or Media they desire with the Released Images.

c) I hereby relinquish any right that I may have to examine or approve: (1) the completed product or products or any Associated advertising copy or printed matter incorporating or associated with the Released Images, (2) any other Materials or media that may be used in conjunction with the Released Images, or (3) the use to which the Released Images may be applied.

d) I hereby release, discharge and agree to hold harmless Studio Booseh/ Authorized parties and ties, individually and jointly, from any liability to me or others associated with me by virtue of any blurring, distortion or alteration of the Released Images, or use of the Released Images in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said Released Images or in any subsequent processing, publication or usage thereof, Including without limitation any claims of defamation or violation of rights of privacy or publicity. I acknowledge and agree that this release and agreement to hold harmless shall continue indefinitely, regardless of whether any Released image used within the scope of this Agreement causes me in the future to feel embarrassed or otherwise injured in any manner.

e) I hereby release, discharge and agree to save harmless the Studio Booseh and authorized parties from any Liability resulting from any injury or accident, regardless of cause, in which I am involved during a photo shooting.

I HEREBY AFFIRM THAT I AM AN ADULT OF LEGAL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN NAME. I HAVE READ THE ABOVE AUTHORIZATION, RELEASE AND AGREEMENT PRIOR TO ITS EXECUTION; I FULLY UNDERSTAND THE CONTENTS THEREOF. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Description of photographs:

Client's/Model's Name (Please Print)

\_\_\_\_\_

Client's/Model's  
signature \_\_\_\_\_

I, the undersigned Client/Model, assign to LII the photograph copyright.

Name \_\_\_\_\_ Date \_\_\_\_\_



Signature of Client/Model

Witness Signature

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have been informed of the risks and possible complications resulting from 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: slight discomfort associated with procedure, infection, and scarring, inconsistent color, spreading, fanning or fading of pigments, slight bleeding & bruising. Individuals prone to fever blisters may have an outbreak if not properly medicated. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the undertone 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).

**Initials** \_\_\_\_\_

X \_\_\_\_\_  
Signature of Client (Model) Date

I, \_\_\_\_\_, I recognize and acknowledge, that I have been given the full opportunity to ask Technician any questions which I might have about the obtaining of any permanent cosmetic procedures from

\_\_\_\_\_ And all associates. I also acknowledge that all of my questions were answered to my full and total satisfaction. I specifically acknowledge I have been advised of the fact and manners set below, and I agree as follows:

Initial \_\_\_\_\_ I am over the age of 18 and in sound mind, body, and health.

Initial \_\_\_\_\_ I am not under the influence of drugs or alcohol

Initial \_\_\_\_\_ **I have received post procedure instructions and a healing chart and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure.**

Initial \_\_\_\_\_ Should I have diabetes, epilepsy, hemophilia, a heart condition, or any other medical or skin condition that can interfere with the application or healing of my Permanent cosmetic Tattoo I must reveal that information to my technician. I understand I must contact my doctor and bring a letter stating that it is safe to have my permanent makeup procedure.

Initial \_\_\_\_\_ I am NOT pregnant or nursing. I do not have a mental impairment that may affect my judgment in getting my permanent cosmetics.

Initial \_\_\_\_\_ I recognize that it is not possible to determine if or whether I might have any allergic reaction to any of the topical preparations, pigments dyes, used in the procedure; I understand and accept the risk that such a reaction is possible.

Initial \_\_\_\_\_ There is a possibility of an allergic reaction to pigments. A patch test is advisable however it does not ensure a client will not have an allergic reaction; I release the technician from liability if I develop an allergic reaction to the pigment.

**INFORMED CONSENT CONTINUED**

Initial \_\_\_\_\_ I understand that complications are possible when receiving permanent makeup procedures, particularly in the event that post-procedural instructions are not followed.

Initial \_\_\_\_\_ The Practitioner cannot predict how my skin may react as a result of my procedure.

Initial \_\_\_\_\_ I understand that the permanent make up procedure may result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result.

Initial \_\_\_\_\_ Skin altering procedures, such as plastic surgery, implants, and/or injections may alter or degrade my permanent cosmetic procedure. It has been explained to me that such

changes are not the fault of the practitioner (instructor), student or any of the practitioners' associates. I further understand that such changes may not be correctable through further permanent cosmetic procedures.

Initial \_\_\_\_\_ I agreed to reimburse Souzan Mills, and Studio Booseh Inc. for any attorneys' fees and costs incurred in any legal action I bring against either the Practitioner in which either the Practitioner (Souzan Mills), Studio Booseh.

Initial \_\_\_\_\_ I consent to the application of the procedure and understand its attendant risks, and to any actions or conduct of the practitioner.  
I have reviewed and understand all the information given to me. I understand this is a contract and that I have received no warranties or guarantees with any of my procedures. I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

\_\_\_\_\_  
Clients Signature

\_\_\_\_\_  
Date

I have reviewed the information with my client or clients' representative

\_\_\_\_\_

\_\_\_\_\_





## HEALING SCHEDULE CLIENTS COPY

### Eyebrows

#### Day

- 1-2 Color will be darker and bolder in width (keep moist with Vaseline or A&D)
- 3 Exfoliation will begin causing the excess pigment surrounding the eyebrow procedure to flake away and the eyebrows will appear narrower
- 4 Eyebrow may itch, this is the normal healing process – do not pick at the area)
- 5 Pigment will peel off and the eyebrows will appear softer
- 6-14 Color enhances to final results

#### \*\*Notes on eyebrows:

- Do not dye, wax, tweeze, or use electrolysis for 2 weeks in the tattoo area. You can tweeze outside / around the permanent makeup.
- It can take a little time for the eyebrow tattoo to soften up, and to see how the color is going to do.
- After the skin is healed over you can put brow powder on it to mask it while waiting.

### Eyeliner

#### Day

- 1-2 Liner will appear thicker, darker and swollen (ice may be used to reduce swelling)
- 3-4 Pigment begins to lift away with a tight feeling. Some itching is normal – do not pick at area
- 5 The color will clarify to its results

#### \*\*Notes: on Eyeliner

- Do not wear contact lenses during the procedure or for 24 hours after. Have sunglasses available. Eyes may be light sensitive or even dilated immediately after. The sunglasses are also handy for hiding puffy eyes.
- Do not dye, perm, or use eyelash curler for 2 weeks.
- Do not use mascara until outer healing is complete (3-5 days).
- A new tube of mascara is highly recommended due to risk of bacterial presence in used tubes. Stay a little farther out on the lashes, not too close to the liner. Remove with Vaseline or baby oil without rubbing it into the liner.
- Eyes will be swollen for a few days. Eyes may feel dry or irritated lubricating refresher drops may be used.

### Lips

#### Day

- 1-2 Lips will appear darker and swollen when first done. Keep area moist
- 3-4 Peeling may begin and color may appear with a slight pinkish/orange effect
- 5-6 Lips may be dry and possibly chapped and first stage of color is ending
- 7-14 Color may look like it is totally gone, do not be concerned this is all part of the process
- 15-21 Pigment color will begin to show – lips may remain dry for a month or two. Use a good lip balm to help

#### \*\*Notes on Lip:

- Lips will ooze a couple of days. Blot and reapply ointment. After sleeping, crust will have dried on the lips. Rinse with water or put more ointment on to loosen crust, blot and reapply ointment. A cool saturated cloth feels good to blot with.
- Lips will be tender at first. Drink through a straw. Do not excessively stretch lips while they are healing with big smiles, or pucker lips with smoking. Lip skin is a continuation of the delicate mucous membrane. It is not strong like normal skin.
- On day 3, lips stop oozing and start peeling. This is when the chapped lip feeling is strongest. Massage the lips after placing a thick layer of ointment on them and making gentle circular motions with one finger. The massage helps get loose skin off that is ready to come off without yanking out skin that is not ready to come off.

- Lips will peel for a week. Picking off skin that is not ready to come off will cause pigment loss. Try to keep toothpaste off lips while healing.
  - Do not have teeth bleached while healing. During the peeling process it may look like there is not much color there. Color is more apparent by the second week. Final result is not judged for 2months.
  - Do not use anything made for cold sores or blisters because although they initially feel moisturizing, they turn around and dry the lips out. Some do more damage than that, especially if applied on broken lip tissue during the healing process Applying vitamin E will usually help.
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