



PERMANENT MAKEUP DISCLOSURE & CONSENT FORM

A patch test is the process of applying pigment to the skin in the hairline to test for an abnormal reaction. I agree to RECEIVE a patch test prior to application, and I agree to release Serenity Day Spa & Salon, Inc., and pigment manufacture(s) from any and all liability related to allergic reaction or any other reaction to applied pigments. I will notify Serenity Day Spa & Salon, Inc. of any, and all, reactions prior to receiving Permanent Makeup ("PMU").

PATCH TEST DATE: _____ REACTION(S): _____

I, _____, as a client, have requested that Serenity Day Spa & Salon, Inc. describe the procedure to be utilized so that I may make an informed decision whether to undergo the procedure.

Please read and initial the following:

_____ Serenity Day Spa & Salon, Inc. has described the recommended procedure to be used as Micro Pigmentation Implantation, the process of implanting micro insertions of pigment into the dermal layer of skin. Micro pigment Implantation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

_____ I voluntarily request as my intradermal cosmetic technician, Brittany Sapp, and such association and technical assistance as she may deem necessary to perform on my body the following procedure

CIRCLE ALL THAT APPLY: EYEBROWS LIPLINER FULL LIP COLOR

_____ I hereby authorize Serenity Day Spa & Salon, Inc. to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for the purpose of advertising.

_____ I have informed Serenity Day Spa & Salon, Inc. that I am in good health and not under the care of any physician.

_____ I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

_____ I understand that there may be known, and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

_____ I acknowledge the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment.

_____ I understand that allergic reactions to pigment are very rare, however they can and do occur and when they occur, they can be serious and especially difficult and very troublesome to treat.

_____ I have been told that this procedure will involve pain and discomfort.

_____ I understand the markings are permanent and that there is a possibility of hyper pigmentation resulting from procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

_____ I understand that a touch up procedure is required. Touch up procedures are to be performed within 8 weeks of initial appointment. Cancellation of follow up's must be done within 48 hours of procedure in order to not incur fees. If follow appointment is either cancelled, I become a no

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show, or I take my appointment after 8 weeks of initial procedure, I acknowledge that the follow up appointment is no longer considered "touch up," and the initial treatment fee will be required at the time of procedure.

_____ Other risks involved with the procedure may include, but not limited to: infections, allergic and other reaction(s) to applied pigments, allergic and other reaction (s) to products applied during and after the procedure, fanning or spreading of pigment (pigment migration), fading of color and other unknown risks.

_____ I accept full responsibility for any and all, present and future, medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with procedure planned for me.

_____ I acknowledge the procedure(s) to be performed and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

_____ I understand that this is a cosmetic tattoo and with time pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and use of chemicals such as Retin-A and Glycolic acids. Touch-up maintenance work will be expected in the future to keep it looking fresh.

_____ I understand that there is a No Refund policy on permanent makeup. If, for any reason, my pigment does not stay or needs additional touchups, I agree to contact Serenity Day Spa & Salon, Inc. for further discussions on additional applications. However, I am fully aware that refunds will not be received.

_____ Payment is rendered upon completion of the session. In the unlikely event of a dispute, I agree to arbitration.

_____ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Serenity Day Spa & Salon, Inc. and I further agree that any controversy or claim arising out of or relating to the consent and/or any signed contract between myself, Serenity Day Spa & Salon, Inc. or the breach thereof, shall be settled by arbitration in the state of Georgia in accordance with Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

_____ I understand that if I have an infection, adverse reaction, or allergic reaction to the procedure I must notify Serenity Day Spa & Salon, Inc., a health care practitioner, and the Georgia Department of Health.

_____ I certify that I have thoroughly read this form and or it has been read to me. I understand its contents.

_____ I understand that I must follow Post Procedure Instructions. Post Procedure & Aftercare will be given to each client at the end of each procedure.

_____ I have read and understand the contents of each item above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of the aforementioned procedure(s). 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 and that no one has coerced me into making this decision. I also agree not to hold neither Serenity Day Spa & Salon, Inc., its employees, or Brittany Sapp and/or anyone who may be assisting her liable for any reactions, outcomes, or occurrences that may or may not result from having this procedure(s).

it down considerably. As swelling goes down the lines will be thinner. On about the fourth day you are close to looking normal and no one notices anything. Colors will continue to soften over the next few weeks. It will look very natural in 1- 2 months.

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What To Expect with Permanent Makeup

Please read and initial the following:

_____ Permanent makeup will appear extremely intense and thick immediately after the procedure. The color will not even look right the first few days. Other factors are added to the permanent makeup pigment bottles to counteract the undertones of facial skin. Browns can look orangish-brown, blonde brows may look too yellow; lip colors are shocking! Some colors initially look too bright, and others look too dark. But don't worry - it changes. Excess pigment sheds off over the next 2-3 days, and then the skin starts healing over. A layer of healed skin on top of the pigment masks and tones

_____ Treated area will flake

_____ When applying ointment pigment will come off on the Q-tip

_____ After the first procedure permanent makeup will appear to be thinner

_____ Everyone's body chemistry is different. Depending on anti-aging products used, sun exposure, smoking habits, prescription medication, skin texture, skin complexion, and or immune system some pigments may fade more than others. If your permanent makeup fades, lightens, and or is nonexistent please do not panic. You have a touchup and at this touchup modifications can be made to adjust the procedure to your situation. **Please note: Permanent Makeup is at least a 2-step process. Therefore, loss of pigment is normal with some individuals.

_____ If you are having a permanent lip color procedure and you have ever had a cold sore you may have another outbreak. It is important that if you are prone to cold sores that you take Valtrex at least 3 days before your appointment and another 3 days after. Keep in mind over 70% of the US is infected with the Cold Sore Virus so you may have the virus in your system and are unaware.

_____ Final healed result is at about 1-2 months. **I HAVE BEEN TOLD THAT UNDER NO CIRCUMSTANCE(S) WILL I BE ALLOWED TO GET A TOUCHUP BEFORE 1-2 MONTHS HAVE PASSED AFTER PROCEDURE.** If a touchup is needed, it is not done any sooner than 1 month after the first procedure. Performing a touchup too early could cause scarring and permanent damage to the treated area.

Micro pigmentation/Permanent Makeup: After Care

- Do not expose treated area to sun or a tanning booth, for 2 days.
- Absolutely no Neosporin, no cleansing creams, makeup, or chemicals may be applied to the pigmented, treated areas for the first 3 days.
- No hot, steamy, full pressure showers, saunas, excessive sweating, Jacuzzis, or swimming in chlorinated pools. These things can hinder the color bonding process.
- No Retin-A, bleaching creams, glycolic acids, fruit acids or AHA acids on the treated area.
- If crust appears on the procedure area, do not pick or peel the crust off because color will be removed along with the crust. Do not touch the procedure area with fingers as the fingers could transmit bacteria onto the area and lead to infection. This could ultimately incur some additional expenses to you.
- Don't sleep on a favorite pillowcase for the first 2 nights. Ointment and pigment can get on it.
- After 7 days you may apply makeup.



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- If you are a blood donor you cannot give blood for 1 year following your procedure (per American Red Cross.)
- Use sterile bandages and dressings when necessary.
- Keep the treated area moist for 7 full days following the procedure by continuing to apply, ONLY the aftercare ointment that is recommended, during the day, with a Q-tip. Remember, the ointment acts as a “bandage” and keeps out dust, pollen and air. Clean area with cool water and mild antibacterial soap (Dial), and pat dry before reapplying ointment.

I understand that at the first sign of an infection, adverse reaction, or allergic reaction to the procedure, I must notify Serenity Day Spa & Salon, Inc., a health care practitioner, and the Department of Health.

Failure to follow post treatment instructions may cause loss of pigment, discoloration, or infection. Remember, colors appear brighter and more sharply defined immediately following the procedure. As the healing progresses, color will soften. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete. Touch-up procedures must be made between 30-60 days following the procedure. Additional fees will apply for touch-ups after 60 days

PLEASE FEEL FREE TO CALL IF YOU HAVE ANY FURTHER QUESTIONS AT 912-489-3883.

Thank you for choosing us and enjoy your permanent make-up!

Serenity Day Spa & Salon, Inc.

Client Signature _____

Date _____

Witness Signature _____

Date _____