



# CONSENT FOR PERMANENT MAKEUP REMOVAL

@lashupyeg | @lashupsherwoodpark | @lashupreddeer | @lashuppro

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please read and initial all lines:**

- \_\_\_\_\_ The nature and method of proposed permanent makeup (tattoo) lightening procedure has been explained to me, including risks or possibility of complications during or following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that the other adverse side effects may include : minor and temporary bleeding, bruising, redness or other discolouration and swelling. Fever blisters may occur on the lips (following lip procedures) in individuals prone to this problem. Secondary infection in the area of the procedure may occur, however if properly cared for, this is rare.
- \_\_\_\_\_ I understand that several treatments may be needed in order to attempt to achieve my desired results.
- \_\_\_\_\_ However, I have not received any guarantees as to the final outcome of these treatments whatsoever.
- \_\_\_\_\_ I understand there are medical options available for permanent makeup (tattoo) removal, which includes excisions and cutting of the tattoo. I have decided to decline those methods.
- \_\_\_\_\_ I understand that the unwanted pigment may not be successfully lightened to the point that it can no longer be seen. Scarring as hyper-pigmentation or hypo-pigmentation, or other damaged to the skin may occur during the process and may be permanent. I will not hold my technician and/or the distributor of tattoo pigment removal products used in this attempted permanent makeup (tattoo) removal lightening liable for any damages that may occur to my person.

**Which is the best that describes your skin type (Please circle one)**

- I. Always burns, never tans
- II. Always burns, sometimes tans
- III. Sometimes burns, sometimes tans
- IV. Rarely burns, always tans
- V. Brown, moderately pigmented skin
- VI. Black Skin

**For skin Types V and VI only, use saline removal only:**

- \_\_\_\_\_ I understand that I am at a higher risk for hyper- pigmentation and hypo-pigmentation than other skin types. I agree to the risks involved. I understand that lightening tattoo pigment is difficult, if even possible. As a result, I will not hold my technician or this establishment responsible for any resultant failure to lighten the unwanted pigment.
- \_\_\_\_\_ I agree to submit to before and after photographs, and give my permission to use such photographs for publication and/ or teaching purposes.
- \_\_\_\_\_ I agree to follow all aftercare instructions provided to me by my permanent makeup removal technician at Lash Up Corp.
- \_\_\_\_\_ I have been duly informed of the natures, risks, possible complication and consequences as listed above. I further understand that my technician is not a medical doctor.
- \_\_\_\_\_ I understand all information listed above, have had my questions answered, and agree to all conditions and provisions of this document as evident by my signature below. I accept the risks for having this procedure done.
- \_\_\_\_\_ I consent and give approval to the technician doing my treatment to use and apply anesthetics which contain Lidocaine, Tetracaine, Prilocaine, and Epinephrine. These will be used before and during treatment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PIGMENT LIGHTENING/REMOVAL

