



LIP BLUSH CONSENT FORM

@lashupyeg | @lashupsherwoodpark | @lashupreddeer | @lashuppro

I hereby declare that I have been informed, in detail, about the PMU Lip Blush method and procedure which will be performed. I was informed that needles are used for the treatment to inject colour pigments into the upper layers of the skin. I am aware that it is not possible to predict how durable and intensive the lip colour will be and that durability and colour intensity depend on age, skin type, and environmental conditions of the treated person. I am aware that the treatment with the pigmenting needles can cause skin irritation and minor inflammation of the skin which usually disappears within 24-36 hours. If predisposed to cold sores, start taking medication immediately, as trauma to the lip can cause an outbreak and may affect pigment retention.

I have been informed that the pigments will appear darker within the first few days immediately following the procedure then the final result. It will be necessary to undergo a follow up treatment. I have been informed of the section of skin to be pigmented may be anesthetized/numbed with a surface anesthetic.

I have been informed that medicines affect different individuals in different ways. Just because side effects have occurred in some cases, it does not mean they will occur to me. Some common side effects anesthetics may include: Allergic reaction, light headedness, drowsiness/dizziness, vomiting, numbness of the tongue, unusually slow heartbeat.

I authorize the use of my photographs taken by the technician to be used on social media and shown to potential clients.

I have listed any allergies that I have:

Furthermore, I state that:

- I am not diabetic
- I am not hemophiliac
- I am not allergic to Red Lake #5
- I do not test positive for the HIV or Hepatitis Viruses
- I am not pregnant

LASH UP LIP BLUSH CONSENT





LIP BLUSH CONSENT FORM

@lashupyeg | @lashupsherwoodpark | @lashupreddeer | @lashuppro

I have informed the Technician of any medication I am currently taking, which may affect blood coagulation during the Lip Blush procedure, these include:

- Blood Thinners • Sleeping Pills
- Blood Pressure Medications • Chemical Peels
- Diuretics • Hormone Replacements
- Painkillers
- Antibiotics
- Tranquilizers • Immuno Suppressants
- Dermatological Medications (Accutane)

Result of drawing and colour chosen has been presented to me before the pigmentation process has been started: YES | NO

This form was signed before the treatment: YES | NO

I hereby declare that I am not intoxicated and that I am fully aware of the treatment procedure and that I understand the above statement to be true. I give my consent to have PMU: Lip Blush performed and assume full responsibility for the outcome. I do not and will not hold Lash Up Corp. or the technician responsible or liable should the result may not be as discussed or as I had imagined.

CLIENT SIGNATURE: _____

CLIENT NAME: _____

DATE: _____ CLIENT PHONE: _____

TECHNICIAN SIGNATURE: _____

DATE: _____

LASH UP LIP BLUSH CONSENT

