



General Consent and Procedure Permit

- I hereby authorise Sara Duane to perform upon myself Cosmetic Tattooing of the eyebrows, eyes and/or lips. If any unforeseen condition arises in the course of the procedure(s) I further request and authorise her to use her full judgement and do whatever she deems advisable and necessary in the circumstances.
- I understand that Cosmetic Tattooing, also known as Microblading/Permanent Makeup, is an advanced form of tattooing.
- I accept responsibility for determining the colour, shape and position of the enhancement as agreed during the course of my consultation.
- I have had a sensitivity test carried out at a consultation / I have completed a topical plaster sensitivity test at home and I have been tested for pigment and anaesthetic and displayed no symptoms of sensitivity.
- I understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware of that allergic response to pigment is rare and accept all responsibility if allergic response occurs.
- I am aware that a sensitivity reaction to anaesthetics can occur and accept all responsibility if allergic response occurs.
- I fully understand and accept that non-toxic pigments are used during the procedure and that the enhancement achieved may fade over the course of several years. Even though the colour has faded, the pigment will stay in the skin indefinitely and may leave a light residue of colour.
- I understand that I will schedule an appointment for a colour boost when I notice the pigment starting to fade. I understand that this can be as soon as 6 months post procedure depending on my skin type and the requested result. I also understand that if I do not attend colour boost appointments regularly, the colour of the pigment that has been implanted may change to a colour that may need correction.
- I understand and accept that new enhancements usually require multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed.
- I understand that this is why I need to return for all procedures decided in my treatment plan. I understand and agree, that if I do not return for all of the procedures as decided in my treatment plan, that I accept total responsibility for the final result.
- I acknowledge and understand that the complimentary retouch appointment is a one-time offer and is non-transferable and that this appointment is designed to provide added value to the initial service and ensure my complete satisfaction. This offer is valid for a period of 12 weeks from the date of the original service.
- I understand that the once the complimentary appointment has been scheduled, it is final and cannot be rescheduled. If I am unable to attend the complimentary

appointment for any reason, including bereavement, emergencies or ill-health I understand that a fee will be charged to schedule a new appointment.

- I understand that retouch procedures, if required, must be performed within 12 weeks of the last procedure and that after that period, that I will be charged an additional fee for any further treatment.
- I understand that a minimum of 4 weeks must pass in between procedures, to allow the procedure site to fully heal. I will book the appointment when it is convenient for both parties.
- I understand that the pigment may migrate under the skin, however this is a rare occurrence.
- I accept that the highest standards of hygiene are met, and that sterile disposable needles are used for each individual client, procedure and visit.
- I understand that Cosmetic Tattooing is an invasive procedure and the infusion process can be uncomfortable.
- I am aware that the result of the procedure is determined by the following:
 - Medication
 - Skin characteristics
 - Natural skin undertones
 - Alcohol intake and smoking
 - General stress
 - A compromised immune system
 - Poor diet
 - Poor post procedure care
- I have been advised that upon completion of the procedure there may be swelling and redness of the skin, which usually subsides within a few days dependent on my lifestyle and that in some cases bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, using cosmetics, prolonged exposure to water, excessive perspiration and exposure to the sun should be limited for up to two weeks following the procedure.
- I understand that immediately after the procedure the enhancement can be up to 70% darker than the desired result and can take up to 4 weeks to lightening therefore, the final colour will be visible approximately 4 weeks after each procedure. I understand that the colour may vary according to skin tones, skin type, age and skin conditions. I appreciate that some skins accept colour more readily than others and no guarantee of an exact effect or colour can be given.
- I am aware that that if I have had a previous eye disorder or eye infection and receive an eye enhancement, the disorder may reoccur again. I agree to use the correct medication to prevent such a disorder reoccurring.
- I am aware that even though my vision is not affected by eye enhancements I may wish to have someone drive me home.
- I understand that loss of any eyelashes during the healing of eye enhancements will result in new eyelash growth over a 4 month period and that eyelash loss is rare and minimal.
- I understand that in rare cases that corneal abrasion can occur during eyeliner procedures and agree to seek medical attention should this occur.

- I understand that I may experience dry lips for up to 2 weeks following a lip enhancement.
- I understand that if I carry the herpes simplex virus, that I may experience an outbreak of cold sores following lip enhancement. I am aware that it is my responsibility to reduce the risk of this happening by obtaining the correct medication to prevent such a disorder reoccurring.
- I understand that there are few effective methods for pigment removal. Laser and chemical removal have proven successful, however are a process.
- I agree to inform any medical professional of my enhancement if I require a MRI scan.
- I agree to make any technician who is conducting laser or IPL treatments close to my enhancement, aware that I have had these procedures so that they can adapt their treatment plan accordingly.
- I understand that a week before my menstrual cycle (if applicable) my body will be at its most sensitive.
- I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by Sara Duane. I understand that infection and possible scarring can occur if I do not adhere to the said instructions.
- 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 the procedure done at this time.
- I am at least 18 years old. I am not under the influence of drugs or alcohol.

I certify that I have read and fully understand the above consent form and that I have requested to have cosmetic tattooing of my own free will.

Client Name :

Client Signature :

Date :