CONSENT FORM - ALL ABOUT THE BROWS - SPMU - BY LINZI

Technician's name and contact details:
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CLIENT'S DETAILS - PLEASE USE BLOCK CAPITALS	
NameDOB	
Phone Email	
DO YOU REQUIRE SKIN TEST? YES / NO	
A patch test is advisable however it does not ensure a client will not have an allergic reaction.	
I CONSENT patch test (please initial).	1
If waived, I release the technician and All About The Brows liability if I develop an allergic reaction to the pigment o ucts used. (If you require a patch test you must wait 24 hours before we can start the procedure).	r any prod-
uets used. (If you require a patent test you must wait 24 nours before we can start the procedure).	
Dear Client - The following health issues are relevant, please answer the following question	ne If you are
affected by one of these conditions, please consult your doctor. Legal action may be take	
tion is withheld that could put the client or the technician at risk.	ii ii iiiioiiiia
Medication can have a strong influence on skin cell metabolism that makes pigmenting more difficult. Often, the colours are absorbed	
the healed result is uneven/more faded/patchy/discoloured. Medication often causes more bleeding, swelling or bruising. People on cert	
also experience a longer healing process, that means an increased risk of infection! You may need a doctors permission to start this pro	ceaure!
-ARE YOU ON ANY MEDICATION? YES / NO (MEDICATION'S NAME:)
If you are now taking or recently have taken (within last 6 months) any of these drugs please circle below.	1 / 5
Anticoagulants (e.g. Aspirin, Warfarin, Macumar)/ Antibiotics/ Antasuse/ Diabetic Meds/ Heart Meds / Herper / Plant Research (Plant Research) Macumar Ma	es meds/ Roac-
cutane/ Blood Pressure Meds/Seizure Meds/Thyroid meds/ Hepatitis meds/Cortisone	
-HAVE YOU ANY ACCUT/CRONIC/ IMMUNE/AUTOIMMUNE DISEASE?	YES / NO
-DO YOU HAVE ANY SKIN DISORDERS(ECZEMA, PROSIASIS ,LUPUS,ACNE, COLD SORES, WARTS, ALOPECIA,BCG)	YES / NO
-HAVE YOU ANY ALLERGIES TO ANYTHING? (E.G. LIDOCAIN, EPINEPHRIN, TETRACAIN)	YES / NO
-ARE YOU DIABETIC OR EPILEPTIC?	YES / NO
-HAVE YOU A CARDIAC PACEMAKER /ANY HEART DISEASE/CIRCULATION DISORDER?	YES / NO
-HAVE YOU ANY HORMONE PROBLEMS (E.G. THYROID)?	YES / NO
-ARE CURRENTLY GETTING CHEMOTHERAPY OR ANY OTHER CANCER TREATMENT?	YES / NO
-ARE YOU POSSIBLY PREGNANT OR BREASTFEEDING?	YES / NO
-DO YOU HAVE HEPATITIS A, B OR C?	YES / NO
-DO YOU WEAR CONTACT LENSES? OR HAVE YOU UNDERGONE EYE SURGERY RECENTLY?	YES / NO
-HAVE YOU UNDERGONE ANY SKIN TREATMENT (E.G. LASER, MICRODERMABRASION, FACIAL) OR ANY PLASTIC	1257 110
SURGERY/ANTI-AGING TREATMENT ON YOUR FACE IN THE LAST 6 MONTHS?	YES / NO
-DO YOU GO ON HOLIDAYS/OR TO ANY SPECIAL EVENT WITHIN 2 WEEKS FROM THE INITIAL TREATMENT?	YES / NO
-HAVE YOU EVER HAD INJECTIONS? (FILLERS) (IF YES, WHEN: /)	YES / NO
-HAVE YOU ANY BODY TATTOOS? (IF YES, DID THEY HEAL WELL?)	YES / NO
-HAVE YOU BEEN TO SUN BED THE LAST 5 DAYS?	YES / NO
-DID YOU WEAR MAKE-UP /EYEBROW TINT /FAKE TAN TODAY?	YES / NO
-DID YOU CONSUME ALCOHOL 48 HOURS PRIOR TO THE TREATMENT?	YES / NO
-DID YOU DRINK ENERGY DRINK/COFFEE/TEA 3 HOURS PRIOR TO THE TREATMENT?	YES / NO
22 TOO STAIN ENERGY STRANGED FLOOR OF THE INCHITERY.	125 / 110
NOTES:	
SIGNATURE OF CLIENT: DATE:	
JIGNATURE UF CLIENT: UATE:	

(Please initial the line next to the number after you clearly understand each statement)
1. I understand that the process used in cosmetic tattooing is not a one-step process and may require multiple procedures to achieve the desired results. I realise that the healing process takes at least 4 weeks and that there will be at least 4 weeks between procedures, regardless of how many procedures are required to achieve the desired results.
2. I understand that the fee for each initial treatment & top up session of semi permanent make up procedure is £210. Touch-up sessions have to be booked within 6weeks of the initial procedure. A deposit of £50.00 is required to secure your appointment, £100.00 at initial appointment and £60 payable at Top-up. There is a non-refund policy. Any additional Top-Ups will be charged at £59.00 if booked between 4-6 Months, £89.00 if booked within 6-12months and £119.00 if booked with 12-18months of initial treatment. All Lightening Charged at £50 per Session.
3. 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.
4. I acknowledge that no guarantees have been made to me concerning the results of this procedure. Lightening may require 3-4 sessions before correction procedures can commence.
5. I understand that there are some known possible complications of permanent cosmetic procedures including some minor bleeding, redness, swelling, puffiness, corneal abrasions, dark patches, allergic, reactions, pigment migration and tenderness. I also understand that this is normal to lose approximately 1/2 of the colour during the healing process.
6. I realise that after the procedure the colour will appear to be too dark and that in about 6 days the colour will appear to change and that after about 10 days the colour will appear softer since the colour has moved from the dermal to the epidermal layers of the skin.
7 I realise there will be a period of time when scabs may form and that I am not to touch these areas during this time.
8. I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments, which include risk of infection, scarring, eye damage, inconsistent colour, haemorrhage, and possible spreading, fanning or fading of pigments and or allergic reaction to any products used. I fully understand that this is tattooing process and therefore is an art not a science.
9. I have received and acknowledged pre- and post procedure instructions and agree to strictly adhere to such instructions including refraining from wearing brow make up 7-10 days following the procedure. When I resume wearing brow make up I will use only new brow products purchased to reduce risk of contamination or possible infection.
10. I accept responsibility for determining the colour, shape and the position of the pigments that will be applied and will approve such applications before the procedure begins. I understand that actual colour of the pigment may be modified slightly due to the tone and colour of my skin and that because of the elasticity of the skin the shape may change slightly from that which I originally approved. However I know that every effort will be made to make the final result flawless.
11. I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable.
12. I understand the taking of before and after photographs is required. I also understand that exceptional photographs or results may be used in advertising or promotional materials and give permission for such usage. I also understand that any photographs will not be used for such purposes if I withhold my permission.
13. Treatments may be recorded. A proposed outline of the cosmetic tattoo will be drawn on the skin before the procedure commences. If propositions are not accepted, treatment will not be performed.
14. I request the semi permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure. I consent to the application of permanent cosmetic tattooing and have following procedures performed:
a. Eyebrow's initial micro-pigmentation My expectations: (colour, shape, style) b. Eyebrow touch-up treatment
c. Correction treatment of other technician's job /area(S)
15. 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 that and myself no one has coerced me into making this decision; I am not under the influence of alcohol or drugs. I also agree not to hold either Linzi Hoare liable for any reactions, outcomes or occurrences that may or may not result from having this procedure(s).
16. I certify that I have read and initialed the above paragraphs and have had them explained to me and fully understand the above consent and procedure permit; That the explanations therein referred to were made and I accept full responsibility for these and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realised from or consequences of, the aforementioned

procedure(s).

By signing below, I acknowledge that I have been advised of the facts and matters detailed below, and I agree as follows:

17. I AGREE to follow the aftercare instructions be	ow <u>:</u>
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- Blot the brows every 1-2 hours during the first 48hours after treatment to minimise scabbing. Remember DO NOT RUB just blot with with clean dry kitchen paper or blotting paper to remove any moisture and lymph.
- Days 3-10 Use the after-inked cream once a day with a cotton bud. Grain of rice size only to each brow.
- If you are experiencing thick scabbing during days 6-10 increase cream to twice a day, once morning and once at bedtime. Remember under no circumstances pick the scabs.
- Do not touch the pigmented area with your fingers to avoid an infection. Sanitise your hands regularly!
- No make-up, tinting of brows, sun exposure, sun-bed, soap, sauna, steam, exercise, Jacuzzi, swimming in chlorine pools. Try to keep the tattooed site away from water and moist!
- Do not rub or traumatise the procedure area, pigment may be removed along with crusting tissue.
- Do not use ANY products that contain AHA's, Retinol A or similar lightening and peeling products on the procedure area. Do not go for eyebrow tinting or treatments for 4 weeks post eyebrow procedure!
- Use a "sun block" after the treated area has healed to prevent future fading of pigment colour.

SKIN TEST AND TREATMENT DETAILS - TO BE FILLED BY THE TECHNICIAN

Failure to follow the above advice will result in less than desired results.

Remember all procedures must HEAL, PEAL, and FADE! This process may take up to 28 days!

The treated area will appear much darker for the first 5-7 days as the crust has pigment colour, blood and lymph in it. After the area peels, the colour will be 20-50%lighter. Touch up visits should be scheduled between 4-6 weeks post procedure. All SPMU procedures are two or three step processes! Results are not determined until touch-up applications are completed. If you experience anything out of the ordinary phone your GP. If you are blood donor, you may not give blood for 1 year following your SPMU application (as per RED CROSS).

Lightening Sessions will be scheduled every 6-8Weeks.

-SKIN TEST WAS DONE WITH SC PIGMENT:										
-INITIAL APPOINTMENT BOOKED FOR:	ON	/	/	AT	/					
-TOP UP BOOKED FOR:	ON	/	/	AT	/					
BOOKING DEPOSIT OF	£	WAS PAID BY TRANSFER/PAYPAL/CARD ON / /								
-SKIN TYPE, SKIN CONDITION:										
-TREATMENT TYPE: INITIAL / TOP-UP / CONSULTATION	ON ONLY									
-SC PIGMENT/NEEDLE:										
-BEFORE-AFTER PICTURES WERE TAKEN: YES/NO										
-AMOUNT DUE ON COMPLETION	£	CAS	SH/CARI)/Paypal	-					
SIGNATURE OF TECHNICIAN:					DATE: .		• • • • • • • • • • • • • • • • • • • •		•••••	
Dear client - only fill this part, if you had permaner	nt make-up dor	ne by s	someon	e else.						
WHICH AREA DID YOU GET PIGMENTED? eyebrows	s / eyelids / lips	;	W	hen did y	ou get it o	done?				
DO YOU KNOW WHAT PIGMENT/MACHINE/ NEEDLE A										
THE REASON YOU GO FOR THIS PROCEDURE AGAIN:										
WHAT DO YOU EXPECT FROM THE TREATMENT THIS *Please fully specify the colour pigments used with CI numrisks, including allergic reactions, intolerance or unwanted performed by others involves additional risks because of the and other factors over which Linzi Hoare has no control. pigments. In addition, I was informed that my old semi per cannot be given. I understand that additional appointmer About The Brows standard rates. Unwanted colour changes	abers and all othe colour difference e existence of ser I absolve the SP manent make up ints after the initia	r ingrees. I und mi pern MU sty is not real	lients. If lerstand nanent pi list from emoved, follow u	these do not that correct in any liab but can on pappoint.	not exist, I cting or tou funknown ility that many be chan ments may	certify that sching up recomposition ay arise finged. A dur	I have nicro pi on, bran om mix ability a	been in igment d, color wing wand factor	nformed of ation that our, age, so ith old co ling guara	t was shape olour antee
CLIENT SIGNATURE		DA	ГЕ	/	/					