



CLIENT INFORMED CONSENT

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Client's Name: _____ Phone Number: _____

Address: _____ Email: _____

Informed Consent

The nature and method of the proposed Permanent Make-up (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling; fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

The information I supplied on this form is true and correct to the best of my knowledge. I have been fully informed both verbally and in writing of the risk of the tattoo service I am receiving including possible reactions, side effects, and potential complications of the service. I have been informed both verbally and in writing regarding aftercare instructions for the service I am receiving.

I understand that I may require a doctor's medical release to move forward with said procedure. If I have checked any of the boxes on page one or have any contradictions to the procedure and healing process I understand that I may have to make a later appointment at a different time with a doctor's medical release to receive services.

I understand that this treatment is for cosmetic or artistic purposes and that no guarantee has been made to me regarding the result as I understand that every skin responds differently. I am responsible for the "at home care" using only the advice given to me per my aftercare instructions. If NOT I may have risk of infection or fading of pigments and color if not carried out fully. I have been given pre care and post care information in writing and verbally. I consent to before and after photographs of this procedure wish is at the Body Art Practitioners discretion.

Continued →



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Informed Consent Continued

I understand that any tattoo work over old permanent cosmetic is considered a correction. I understand that my artist can only work within the parameters of what is currently being corrected. I understand that correction can be a lengthy process and have had a consultation prior to moving forward with procedures.

I understand that I must wait a minimum of 6-8 weeks for the procedure area to fully heal before there can be any kind of touch up

I understand that the initial and first procedure is not the final result or final outcome of my procedure. I agree to return for my touch up within 4 months of my initial procedure. If I do not schedule my touch up procedure or have it completed within 8 months of my initial procedure, I understand I will be charged the current touch up fee.

I acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Rebel Beauty Studio, Nikki Matias. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems.
- I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed
- I have received a copy of the After Care Instructions.
- All subsequent procedures after the first touch up can have an additional fee at the discretion of the artist
- I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure.
- Red Heads, blondes & fair skin (Fitz 1-2 skin types) can I be red, swollen and pigment MAY not take as expected. Additional procedures may be required to obtain desired results.

Continued →



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Informed Consent Continued

- Results WILL appear softer as the treated area heals. The area/s treated WILL NOT look as DEFINED or as BOLD as the 1st procedure.
- ALL procedures require 2 appointments & color boosts every 2 yrs to keep the color fresh.
- I acknowledge & understand that if I have oily/severely oily skin the pigment will heal/appear much softer and can look more solid due the over-production of oil glands. The pigment WILL fade quicker, look blurred or more solid. I accept these risks and would like to proceed.
- Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure.
- I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino etc., the pigment will appear softer and blend more with your own skins melanin and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible.
- Alopecia clients- Due to the change in skin texture, pigments may heal more powdered and fade faster over time.
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later change or remove the result.
- I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further Permanent Make-up procedures.
- Thyroid Conditions & Medicines, WILL prevent the pigment from retaining, fade quickly or change in color. I accept these potential risks & wish to proceed.
- I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK.
- I accept responsibility for determining the color, shape and position of the brows that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin.
- I acknowledge that the obtaining of Permanent Make-up procedure(s) is by my choice alone, and I consent to the application of the procedure and accept the risks. Continued →



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Informed Consent Continued

- If you have had tattoo removal prior to the procedure, due to scar tissue the pigment may not retain. Further procedures may not be an option and I understand there are NO REFUNDS.
- I understand that if any other technician applies permanent makeup over an area that was originally done by Nikki; she will no longer perform future treatments.
- I understand that if I do not abide by the strict after care, I can ruin my results. The After Care is crucial for optimum pigment retention.
- Permanent Makeup is an ART, NOT a science. Client's results will vary and using a pencil or powder may or will still be needed. We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue. Touch ups will not be done any sooner than the required time recommended by the technician.
- Absolutely NO Refunds after services have been performed.
- I understand that at a certain point as the skin ages, permanent cosmetics will no longer be an option

REBEL BEAUTY STUDIO, NIKKI MATIAS, CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT FOLLOWED

I have read and fully understand the contents of each paragraph and bullet point above. I acknowledge this is a legal & binding 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.

Client Signature: _____

Date: _____



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Name _____ Date _____

Occupation _____ Phone # _____

To avoid unforeseen complications, please answer the following questions:

- Y N Are you over the age of 18?
- Y N Fish Oil in the last 3 weeks?
- Y N Any mood-altering drugs within the last 8 hours? (i.e. Wellbutrin, Xanax, Prozac)
- Y N Do you have any history of cold sores, herpes, or fever blisters?
- Y N Are you sensitive to Latex/Lidocaine/Epi?
- Y N Chemical or laser peel? Date: _____
- Y N Do you have problems with healing?
- Y N Previous problems with tattoos
- Y N Are you currently undergoing radiation or chemotherapy?
- Y N Are you currently taking any chemotherapy medications?
- Y N Do you use Retin-A now or in the past?
- Y N Do you wear contact lenses?
- Y N Are you allergic to any metal?
- Y N Previous Permanent Makeup/Microblading?
- Y N Have you had tattoos before?
- Y N Medication, including immunosuppressive, such as anti-inflammatory or steroids?
- Y N Withdrawal from caffeine products?
- Y N Are you allergic to topical antibiotic numbing creams or desensitizers?
- Y N Is there any history of skin diseases or remarkable skin sensitivities?
- Y N **In the last year have you had a baby?**
Date of Birth: _____
- Y N **Are You Pregnant/Nursing/Don't know?**
- Y N Are you required to take antibiotics during dental or invasive medical procedures?
- Y N Do you have any drug allergies? If yes, list in space provided at the end of the form.
- Y N Are you currently taking medication for high or low blood pressure?
- Y N **Frequent Sun Exposure/Tanning Beds**
- Y N **Have you consumed alcohol today?**
- Y N **Did you work out today?**

How many times a week do you work out _____

Y N Are you planning on any facial surgery in the near future? (face lift, eyelids or brow lift)

Do you, or have you had, any of the following:

- Tuberculosis MRSA/STAFF
- Bleeding Disorder On Blood Thinners
- Trichotillomania Eczema/Dermatitis
- Allergies to makeup Accutane treatment
- Menopause/Run Hot/Frequent Hot Flashes
- Hepatitis/HIV
- Kidney Disease /Transplant
- Liver Disease/Cirrhosis
- Keloids Thyroid Issues/Meds
- Diabetes (type 1,II) Hyper-pigmentation
- Stroke/Paralysis Hypo-pigmentation
- Heart Conditions/Pace maker/Defibrillator
- Shortness of breath
- Alopecia: Type- _____
- Autoimmune disorders _____
- Epilepsy/seizures Refractive eye surgery
- Smoker Eyelid surgery
- Cataract surgery Lasik surgery
- Tear duct plugs Glaucoma
- Cancer (List below) COPD
- Take Vitamins
- Have had a Forehead/Brow Lift (Yr. _____)
- Head Injury/Trauma (hit the head, accidents)
- Organ transplant Rosacea (on the face)
- Vitiligo Use Lash/Brow Serum
- Cold sores Herpes Simplex
- Shingles (on face) Ocular Herpes
- Severely oily, Oily, T-Zone, Combination (circle)
- Scar/s in area to be done?
- Botox (date of last Tx) _____

Other Medical Conditions/Surgeries

Please explain any checked question, list any other medical conditions or allergies, and list all your medications: _____

Client's Signature _____

Date _____