



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Procedure: Eyebrows Microblading  
Procedure Fee \$ \_\_\_\_\_  
Date of Procedure: \_\_\_\_\_

### Informed Consent

The nature and method of the proposed permanent makeup 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. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

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 Timeless Rx and its associates. 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 as reaction is possible. I have informed the practitioner of any existing problems. \_\_\_\_\_(initial)
- The technician performing the procedure has done a pre-consultation with me, prior to the procedure appointment, to discuss any/all possible contraindications and/or complications with this procedure. \_\_\_\_\_(initial)
- I acknowledge that complications are always possible as a result of the permanent makeup procedure, particularly in the event that post procedural instructions are not followed and I have received a copy of the after care instructions. \_\_\_\_\_(initial)
- I request a patch test (requires rescheduling) \_\_\_\_\_(initial)  
Declined patch test . \_\_\_\_\_(initial)
- All subsequent procedures including the first touch up or an additional fee. \_\_\_\_\_(initial)
- 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. \_\_\_\_\_(initial)
- Redheads, blondes and fair skin (Fitz 1-2 skin types) will be red, swollen and pigment may not take. Additional procedures may be required to obtain desired results. \_\_\_\_\_(initial)
- Results will appear softer as the treated area heals. The areas treated will not look as defined or as bold as the first procedure. All procedures require two appointments and color boosts every 2 years to keep the color fresh. \_\_\_\_\_(initial)
- I acknowledge and understand that if I have oily/severely oily skin the pigment will heal/appear much softer and can look more solid due to the over productions of oil glands. The pigment will fade quicker. I accept the risk and would like to proceed. \_\_\_\_\_(initial) Frequent tanning and sun exposure will heal darker and fade the pigment quicker. It is recommended to not have a tan/burn (30 days before/after) on your face at the time of the procedure. \_\_\_\_\_(initial)

- I acknowledge and understand that the pigment implanted on darker skin types (Indian, African American, Pilipino, etc.) the pigment will appear softer and blend more with your own skin melanin and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. \_\_\_\_\_(initial)
- Due to the change in skin texture, alopecia patients may heal with a more powdered look. \_\_\_\_\_(initial)
- Thyroid medicines can and may cause pigments to fade prematurely, look more blurred or powdered under the skin, change in color or not retain at all. I accept these risks. \_\_\_\_\_(initial)
- 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 results. \_\_\_\_\_(initial)
- I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants, cosmetic injections may alter and degrade my permanent makeup. I further understand that such changes are not the fault of Timeless Rx and its associates. I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures. \_\_\_\_\_(initial)
- 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. \_\_\_\_\_(initial)
- I accept responsibility for determining the color, shape and position of the pigments 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. \_\_\_\_\_(initial)
- I acknowledge that obtaining permanent makeup procedures is by my choice alone, and I consent to the application of the procedure and accept the risks. \_\_\_\_\_(initial)
- I understand that if another technician applies permanent makeup over an area that was originally done by Timeless Rx we will no longer perform future treatments. \_\_\_\_\_(initial)
- In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. \_\_\_\_\_(initial)
- I understand that if I do not abide by the strict aftercare, I can ruin my results. The aftercare is crucial for optimum pigment retention. \_\_\_\_\_(initial)
- Permanent makeup is an art, not a science. Clients results will vary and using a pencil or powder may be needed. Timeless Rx has not control over you body's healing process and each time a procedure is done, the pigment will have less retention due to scar tissue. Touchups will not be done any sooner than the required time recommended by Timeless Rx. \_\_\_\_\_(initial)
- Absolutely no refunds will be permitted after services have been performed. \_\_\_\_\_(initial)
- I understand that at a certain point as the skin ages permanent makeup will no longer be an option. \_\_\_\_\_(initial)

I have read and understand the consents of each statement above. I acknowledge this is a contract and I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedures. I further acknowledge that at the time of signing this consent to this procedure, I was of sound mind, and capable of making independent decisions for myself.

I will inform my practitioner of any changes in my medical history, current medications, and/or any changes relevant to this procedure prior to any future treatments.

I have read the above and I agree to accept the risk of the procedure. All my questions have been answered to my satisfaction. I agree to release Timeless Rx, Reba Weymouth FNP-C and staff from any liability arising from the procedures. I consent solely to arbitration as a legal means of settlement.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Referred By: \_\_\_\_\_

To avoid unforeseen complications, please answer the following questions:

Y N Are you over the age of 18? Legal guardian's initials: \_\_\_\_\_

Y N Have you had any aspirin or blood thinning products within the last 7 days?

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?

Y N Have you had a chemical or laser peel?

Y N Do you have problems with healing?

Y N Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?

Y N Are you currently undergoing radiation or chemotherapy?

Y N Are you currently taking any chemotherapy medications?

Y N Are you currently using Retin-A or "Alpha Hydroxy" skin care products? (If so, avoid use for 1 month following procedure)

Y N Do you wear contact lenses?

Y N Are you allergic to any metal? (e.g. Can only wear 14k gold) \_\_\_\_\_

Y N Have you ever had any permanent makeup procedures before?  
Area?When? \_\_\_\_\_

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 Are you taking any vitamins?

Y N Are you pregnant or nursing?

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 Did you work out today?

Y N Have you consumed alcohol today?

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

Tuberculosis  MRSA/STAPH

Heart condition/Pace Maker

Trichotillomania  Eczema/Dermatitis

Allergies to makeup  Hepatitis/Jaundice/HIV

Accutane treatment  Kidney Disease

Dry eyes  Cold sores

Keloids  Tendency to bleed

Glaucoma  Thyroid Issues

Diabetes  Hyper-pigmentation

Stroke  Hypo-pigmentation

Chest pains  Herpes Simplex

Shortness of breath  Refractive eye surgery

Alopecia  Autoimmune disorders

Epilepsy/seizures  Shingles

Smoker  Eyelid surgery

Cataract surgery  Lasik surgery

Tear duct plugs  Ocular Herpes

Planning on having Facial Plastic Surgery

Cancer (List below)  Head Injury/Trauma

Tan Regularly?  Laser removal of brows

Facelift/Forehead/Brow Lift/Rhinoplasty

Scar/s in area  Eyebrow Transplant

Botox/Fillers- Area/s \_\_\_\_\_

Other Medical Conditions: LIST BELOW

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

*Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of you permanent makeup.*



### After Care With Recover-All Ointment

1. We recommend that you blot the brows with oil-free tissue each hour for the first three hours following the procedure. Blotting will remove lymph drainage and help prevent premature scabbing. Avoid water on the brows for the first 24 hours post treatment.
2. Before bedtime, start applying the RecoverAll ointment to the brows. You want to keep the brows moist for the next 7-10 days to ensure proper retention.
3. Do not take aspirin, as this promotes bleeding at the treatment sites. If you feel you need an over the counter pain medication, Ibuprofen may be used.
4. The following morning, without completely saturating the brows, GENTLY cleanse the area with Dial Antibacterial Soap (bar). Continue with RecoverAll ointment.
5. Stay out of the sun! If you must be out and about, wear a hat and lots of sunscreen.
6. Do not use any face creams, exfoliants, or harsh cleansers on your brows during the healing process. We only recommend Dial Antibacterial on the brows during the healing process.
7. Your procedure will begin to oxidize immediately and during the next 3-4 days. This causes pigment to become darker. Do not be alarmed, this dark color will either flake off or fade.
8. Do not pick any scabs or dry areas that may form during the healing process, this may cause you to lose color or damage your skin.
9. Other fading or loss of pigment may occur. Final retention can not be determined until 30-45 days post treatment. Your technicians CAN NOT touch up the area before 30 days.
10. If you suspect infection or irritation, please contact your technician immediately.

Please call me with **any** questions or concerns. Please treat the area as a wound. Avoid activities that would promote infection. Enjoy & take care of your beautiful brows!

Sam Cochran 985-893-6073 after hours 985-400-9049