



Re-Consent Form For Touch Up Visits

1. Are you pregnant or nursing? Yes No
2. Has your health history changed regarding medication, joint replacement or anything artificial in your body? Yes No

If YES, please specify and list any new medications and why they were prescribed to you.

Initial

3. I absolutely understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results and the 100% success cannot be guaranteed. _____
4. I have received, reviewed and understand the pre-procedural instructions as given to me and agree to follow them. _____
5. Depending on the procedure(s), which I select, I accept responsibility for determining the shape, and position of eyebrows, eyeliners, lipliner and/or full lip color. _____
6. I understand that the color selection and color results in all procedures are not an exact science. _____
7. I understand that positioning of my procedures can be affected if I have elected or wish to elect cosmetic surgery, Botox or Restalyne and I assume this responsibility. _____
8. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. _____
9. If I am a lens wearer, I realize that I must keep my lenses out the day of an **eyeliner procedure**. _____
10. I understand that this procedure will fade and this fading can alter the original pigment color and that this determines that it is a time for a touch-up visit. _____
11. I realize this is an elective cosmetic procedure and is not medically necessary. _____
12. I have pre-medicated where indicated, prior to my procedure. _____
13. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness or other discoloration; swelling. _____
14. Although rare, Fever blisters may occur regardless of pre-medication. _____
15. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent make up dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent make up. _____
16. I give my consent to House of Beauty by Francois to confer with my physicians for medical information required for the safety of my procedures. _____
17. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner. _____
18. I am aware that if an infection occurs after I have received Permanent Cosmetics to see with my primary physician or an emergency room, **immediately**. _____

ACCEPTANCE:

I have read and understand these risks listed above and they have been explained to me. I certify that the information in the above questionnaire is accurate and my questions have been answered.

*****Please read all questions thoroughly before signing!!***

Client Name (Print) _____ Signature _____ Date _____

Signature of Practitioner _____