

Re-Consent Form For Touch Up Visits

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| 1. Are you pregnant or nursing? | Yes [] No [] |
| 2. Has your health history changed regarding medication, joint replacement, or anything artificial in your body?
If YES , please specify and list any new medications and why they were prescribed to you: | Yes [] No [] |
| | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Initial</div> |
| 3. I understand the initial procedure is a two-part process where a touch up procedure is required 6-12 weeks after my first visit. | _____ |
| 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, Restalyne or any other cosmetic filler 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 contact lens wearer, I realize I should not wear my contacts day of my eyeliner procedure . | _____ |
| 10. I understand that this procedure will fade over time and this fading can alter the original pigment color which determines it is 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 advised based upon the medical history I provided. | _____ |
| 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 (<i>Intense Pulse Lights</i>) including those used for hair removal, anti-aging, Photo Facials, removal of lines, can turn permanent make up dark or even black. I agree to inform my esthetician or anyone operating such I have permanent make up. | _____ |
| 16. I give my consent to Beau Institute 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 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 be seen with my primary Physician, emergency room or urgent care immediately . | _____ |
| 19. I understand there are no refunds on procedures. | _____ |

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

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.

Client Name (Print) _____ **Signature** _____ **Date** _____

Signature of Practitioner _____