



7575 Dr. Phillips Blvd, #155, Orlando, FL 32819
407-574-8383

Permanent Makeup - Medical & Consent

Appointment Date: _____

The following confidential medical information will be property of About Face and Body (About Face Ink LLC.) This is required for the benefit and safety of the client in obtaining any and all procedures performed by About Face and Body. Please read and fill out the information carefully. We hope your experience will be a pleasant one and we thank you for your cooperation.

Name: _____ DOB: _____ Age: _____

Email: _____

Address: _____

Phone: _____ Cell / Landline Alt Phone: _____ Cell / Landline

Cell phone provider _____ (This allows you to receive a courtesy reminder by text about your scheduled appointments).

Emergency Contact Name: _____ Phone: _____

How did you hear about us? _____

Would you like to be informed of any specials, discounts or events in the future? Yes / No

(Lip Procedures Only)

HAVE YOU EVER HAD A FEVER BLISTER OR COLD SORE? Yes / No

IF YES, contact your physician for a prescription of ZOVIRAX or some other anti-viral medication.

I have read the above information regarding an anti-viral medication and understand its use is mandatory, if I desire lip line or full lip color procedures.

*Signed: (Client) _____

ARE YOU CURRENTLY UNDER REGULAR THE CARE OF A PHYSICIAN? Yes / No

IF YES WHY? _____

Physician Name: _____ Phone Number _____

Are you interested in any lash growth products? Yes / No

Are you interested in any anti aging products or procedures? Yes / No

Do you have a daily skin-cleansing regimen? Yes / No

Please answer the following questions to avoid complications :

- YES / NO **ARE YOU PREGNANT, NURSING, OR LACTATING?**
YES / NO I am over the age of 18 and in sound mind, body, and health.
YES / NO DO YOU USE ASPRIN FOR BLOOD THINNING?
YES / NO DO YOU TAKE ASPRIN DAILY?
YES / NO **ARE YOU REQUIRED TO TAKE ANTIBIOTICS PRIOR TO DENTAL OR MEDICAL PROCEDURES?**
YES / NO HAVE YOU TAKEN ANY FORM OF MOOD ALTERING MEDICATION IN THE LAST 12 Hrs.?
YES / NO Do you have any mental impairment that may affect your judgement?
YES / NO **HAVE YOU EVER HAD A COLD SORES, FEVER BLISTER, OR PRIOR HISTORY OF HERPES?**
YES / NO ARE YOU ALLERGIC OR HAVE ANY SENSITIVITY TO LATEX?
YES / NO Have you had a chemical peels recently?
YES / NO How often do you exfoliate your skin and what do you use? _____
YES / NO Have you had any injectable fillers such as Botox, Restylane, Juvederm etc.? If yes when _____
YES / NO Do you have any permanent makeup or tattoos?
YES / NO Have you had any complications with previous tattoos or permanent makeup before?
YES / NO Are you currently undergoing radiation or chemo therapy?
YES / NO Are you anemic?
YES / NO **Do you bruise easily?**
YES / NO Do you heal slowly or have complications with healing?
YES / NO **For eyeliner procedures only:** Are you using any lash growth products? If so, what brand?
_____ How long have you been using this product? _____ Did you
discontinue use of the product for at least 2 weeks prior to procedure? _____
YES / NO Do you wear contact lenses? (if yes and you are undergoing an eyeliner procedure they
must be removed before procedure and remain out for a minimum of 24 hours following your
procedure.)
YES / NO Do you have any allergies to metal?
YES / NO Do you have any allergies to products containing "Caine?" ie., Lidocaine etc.
YES / NO Do you have a history of skin diseases? If YES, Please explain _____

LIST ALL MEDICATIONS BOTH PRESCRIPTION AND OVER THE COUNTER THAT YOU ARE CURRENTLY TAKING

Please list any anti-inflammatory, steroids, or immunosuppressive medications you currently take.

Please list any allergies to petroleum based products, topical antibiotic Polysporin, Bacitracin, Neosporin.

Medical release continue:

PLEASE CIRCLE IF YOU HAVE A HISTORY OF ANY OF THE FOLLOWING CONDITIONS:

- Accutane treatments? How long have you been off the medications? _____
- Aids or HIV
- Allergies to makeup
- Angina or chest pains
- Asthma
- Auto immune disorders. What type? _____
- Cancer - What type? _____ How long ago? _____
- Diabetes
- Dry Eyes - Do you use perscriptions? YES / NO Name of perscription _____
- Glacoma? Have you gotten clearance from your Dr.? _____ (eyeliner procedure only)
- Heart condition
- Hemophilia or excessive bleeding
- Hepatitis
- Hyper-pigmentation
- Keloid or hypertrophic scars If so, where? _____
- Kidney disease
- Ocular herpes
- Rheumatoid arthritis
- Stroke

OTHER? _____

Signature

About Face And Body Technician

Print Name

About Face and Body Policies, Authorization and Medical Release

I have been informed of the risks, and possible complications resulting from permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: slight discomfort associated with procedure, infection, and scarring, inconsistent color, spreading, fanning or fading of pigments, slight bleeding & bruising. Individuals prone to fever blisters may have an outbreak if not properly medicated. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the undertone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. **About Face and Body makes no attempt to, or claim to, practice medicine.** I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).

Initials _____

I, _____, recognize and acknowledge, that I have been given the full opportunity to ask About Face and Body and its practitioners any questions which I might have about the obtaining of any permanent cosmetic procedures. I also acknowledge that all of my questions were answered to my full and total satisfaction. I specifically acknowledge I have been advised of the fact and manners set below, and I agree as follows:

Initial ____ I am over the age of 18 and in sound mind, body, and health.

Initial ____ I am not under the influence of drugs or alcohol.

Initial ____ I have received post procedure instructions and healing chart and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure.

Initial ____ I understand that About Face and Body and its practitioners DO NOT include a free touch-up appointment(s) in the initial procedure price. Each touch-up/follow-up appointment is a separate fee. A "follow-up" appointment is needed in most cases to complete, adjust or fine-tune the initial procedure or a maintenance procedure. All "basic" follow-up appointments will be charged a fee of \$200 - \$275, depending on your service. (With the exception of saline tattoo removal, which is \$175 per treatment). After 12 weeks the follow-up treatment fee will increase to \$275. (Lips increasing to \$300.) After one full year since initial procedure, maintenance fees will apply. These fees are guaranteed for 12 weeks following your procedure date.

Initial ____ All fees for my cosmetic procedure/s have been explained to me, including the initial procedure fee, touch-up fees and maintenance fees. These fees are understood and agreed upon. I understand that the total fee for services rendered is due at the time of the initial procedure and that there WILL BE separate fees for any touch-up/follow-up work.

Initial ____ I understand that colorboost will be expected in the future to keep my procedure looking fresh. I further understand that colorboost are recommended every 12-24 months and will be at a discounted rate. However, if I wait longer I may be required to pay full price for my colorboost service.

Initial ____ I hereby authorize About Face and Body to take photographs of the work performed both before and after treatment to be maintained in a file.

Initial ____ I further authorize the use of said photographs to be used to show potential clients as an example of work performed by About Face and Body for the purpose of advertising.

Initial ____ I understand that About Face and Body is not a medical facility is not bound by HIPPA law, but that diligent effort is made to protect my privacy and personal information.

Initial ____ Should I have diabetes, epliepsy, hemophila, a heart condition, or any other medical or skin condition that can interfere with the application or healing of my Permanent Cosmetic Tattoo, I must reveal that information to my technician. I understand I must contact my doctor and bring a letter stating that it is safe to have my permanent makeup procedure.

Initial ____ I am not the recipient from an organ or bone marrow transplant, or if I am, I have taken the prescribed regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing, permanent makeup or piercing.

Initial ____ I am NOT pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting my permanent cosmetics.

Initial ____ Allergic reactions to pigment is always a possibility. A patch test is possible however it does not ensure a client will not have an allergic reaction. I release the technician from liability should I develop an allergic reaction to the pigment.

Initial ____ I recognize that it is not possible to determine if or whether I might have any allergic reaction to any of the topical preparations, pigments or dyes, used in the procedure; I understand and accept the risk that such a reaction is possible.

Initial ____ I understand that complications are possible when receiving permanent makeup procedures, particularly in the event that post-procedural instructions are not followed.

Initial ____ I understand that there may be known and unknown risks and hazards related to the performance of the procedure and I understand that no warranty or guarantees have been made to me as to the result.

Initial ____ I accept full responsibility for determining the color, shape and position of the pigments that will be applied. I understand that the actual healed color of the pigment will be modified slightly due to my own unique undertones.

Initial ____ Due to the fact your approval is obtained prior to final selection of color to be implanted and design application(s), that all the facts about cosmetic tattooing have either been disclosed or discussed with you, and that you have been given full opportunity to have any and all questions answered, About Face and Body and its Practitioners employ a NO REFUND policy.

Initial ____ I understand that there is a no refund policy. If for some reason my pigment does not stay or needs more touchups, I agree to contact About Face and Body for further discussion regarding additional applications. I am fully aware that no refunds will be received.

Initial ____ I understand that the permanent make up procedure may result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result.

Initial ____ I understand that cosmetic tattooing is an art form and NOT an exact science, and I acknowledge that no guarantees have been made to me as to the result of this procedure. I understand that some skin types will not accept or heal pigment in a consistent manner. Skin is unique and About Face and Body and its practitioners cannot in any way predict how my skin may react to the procedure or how it may or may not accept color. I also realize that About Face and Body and its practitioners cannot predict how many visits it will take to complete my procedure. Additional fees apply for each visit.

Initial ____ 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 the use of chemicals such as Retin-A and Glycolic acids.

Initial ____ Skin altering procedures, such as plastic surgery, implants, and/or injections may alter or degrade my permanent cosmetic procedure. It has been explained to me that such changes are not the fault of About Face and Body or its practitioners. I further understand that such changes may not be correctable through further permanent cosmetic procedures.

Initial ____ I am fully aware that all of my procedures will be performed by About Face and Body and its practitioners. I hereby agree to waive and release to the fullest extent permitted by law About Face and Body and its practitioners from ALL liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors, or assigned may have for personal injury or otherwise, including and direct/and or consequential damages which result or arise from the application of my Permanent Cosmetic tattoo, whether caused by negligence or fault of About Face and Body or its practitioners.

Initial ____ I agree to reimburse About Face and Body and its practitioners for any attorneys' fees and costs incurred in any legal action I bring against About Face and Body or its practitioners in which About Face and Body or its practitioners is the prevailing party.

Initial _____ I consent to the application of the procedure and understand its attendant risks, and to any actions or conduct of About Face and Body or any of the practitioners associates reasonably necessary to perform the procedure(s).

Initial _____ About Face and Body and its Practitioners has the right to refuse service to anyone at any time for any reason.

Initial _____ This contract is to remain in effect for as long as I remain a client of About Face and Body and its Practitioners and all its contents apply whenever work is being performed on myself by About Face and Body and its Practitioners. It is my responsibility to inform About Face and Body and its Practitioners if any medical changes have occurred in my medical history.

Initial _____ I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of the aforementioned procedure(s).

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about cosmetic tattooing procedure(s), its process, and the risk involved from About Face and Body and its practitioners. The decision to have cosmetic tattooing procedure(s) performed is my own and I understand and accept all risk involved, therefore releasing About Face and Body and its practitioners from any liability. About Face and Body's practitioners are artist and highly trained, experienced and skilled artist and makes no claims to anything more. Permanent makeup/cosmetic tattooing is not a medical procedure, but an art form, the art of tattooing. NO REFUNDS.....NO EXCEPTIONS.

Client Signature

Date

I have reviewed the information with my client or clients representative

About Face Technician Signature

Date

**To be completed by About Face and Body
Please bring with you to your procedure.**

OFFICAL FORMULA RECORDS TO BE HELD BY ABOUT FACE AND BODY

Name of client: _____

Date of procedure: _____

Fee for this appointment _____ Quote for the follow – up: _____

All fees for my cosmetic procedure/s have been explained to me, including today's fees, touch-up fees and maintenance fees. These fees are understood and agreed upon. I understand the total fee, minus the deposit taken in advance is due at the time of service. This agreement has no expiration and will be in effect with each service completed by About Face and Body.

Signature: _____ Date: _____

Policy Acknowledgement completed? ____ **Sunscreen Purchased?** ____ **Cleanser Purchased?** ____

Specific type of procedure: Lip liner/full lip – eyeliner – powder brow/hair stroke brow - 3D nipple areola reconstruction - saline color removal

Previous PMU by another artist? No _____ Yes _____ If Yes, how long ago? _____

Type of pigment used: _____

Color Chosen: _____

Machine: _____ Speed: _____

Needle size: _____ Needle Manufacturer: _____

Type of topical: Pre-Numb _____ 2nd Numbing: _____

Pre-Numbing Time: _____

Recommended follow up dates: _____ & _____

Bleeding: _____ Swelling: _____ Pain Tolerance: _____ Eye Watering: _____ Followed PPG: _____

Procedure Performed by: _____

Notes: