CONFIDENTIAL MEDICAL PROFILE / CONSENT AGREEMENT FOR PERMANENT MAKEUP PROCEDURE

Please carefully read the following pages front and back, and sign where indicated by "X"

NAME:_____ **PHONE:**_____

EMAIL:_____ **DOB:**_____/_____/_____

STREET ADDRESS:_____ **CITY:**_____ **PROV:**_____

EMERGENCY CONTACT:

NAME:_____ **PHONE:**_____

TO AVOID UNFORSEEN COMPLICATIONS, PLEASE ANSWER THE FOLLOWING:
(Circle YES or NO)

YES/NO Are you over the age of 18? If no: Legal guardian signature _____
YES/NO Have you had any caffeine, aspirin or blood thinning products in the last 12 hours?
YES/NO Have you had any mood-altering medications/drugs in the last 8 hours?
YES/NO Are you nursing or pregnant?
YES/NO Are you prone to Keloid scars?
YES/NO Have you had any previous problems with tattoos?
YES/NO Do you have any problems with healing?
YES/NO Have you had a history of anemia?
YES/NO Are you undergoing radiation or chemotherapy? (Doctor's note required)
YES/NO Are you currently using Accutane or Retin-A Hydroxy skin care products?
YES/NO Have you had any permanent makeup procedures before?
If yes, list total number of sessions and date of the most recent:_____
YES/NO Any history of skin diseases or remarkable skin sensitivity?
YES/NO Have you had any facial augmentation (Botox, collagen, etc.)? How long ago? _____
YES/NO Do you have any allergies? (List below)
YES/NO Any medical conditions? If yes, please list with a brief description including medications:

_____

I agree that all the above information is true and accurate to the best of my knowledge.

X _____

I, **X**_____ acknowledge that by signing, that I have been given the full opportunity to ask any and all questions which I might have about obtaining the permanent makeup procedure(s) from Ashley Rubis. I also acknowledge that all of my questions have been answered below 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.

DISCLOSURE & RELEASE FOR PERMANENT MAKEUP PROCEDURE

I understand the following completely *(initial each statement)*:

X_____ Technicians make no attempt to, or claim to, practice medicine. If you are healthy and there are no visible reasons for restricting you from receiving a tattoo, you must approve of the procedure before the application of your permanent makeup.

X _____ Retin A, Tretinoin, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. They will alter the colour.

X _____ Sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.

X _____ I understand that if I have any skin treatments, injectables like Botox or filler, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent makeup procedure. I acknowledge some of these potential adverse changes may not be correctable. I will inform all skin care professionals or medical personnel about my permanent makeup.

X _____ I accept the responsibility for explaining to you my desire for specific colours, shape, and position for any procedure done today. I understand that some skin types accept pigment more readily and no guarantee on exact colour can be given.

X _____ Implanted pigment colour can slightly change or fade over time due to circumstances beyond our control and I will need to maintain the colour with future applications and a touch up session within 6-8 weeks.

X _____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor colour retention and hyper-pigmentation.

X _____ Permanent makeup can last variable amounts of time depending on how my skin responds to the procedure. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups.

X _____ There is no warranty or guarantee made to me for the result of this procedure. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

X _____ I accept the responsibility for determining the colour, shape and position of the permanent makeup procedure as agreed during the pre-draw on day of procedure. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.

X_____ There is a possibility of bleeding, swelling, redness, allergic reactions to products, discomfort and pain during this procedure.

X _____ Permanent makeup may last permanently and may not fade.

X _____ Final result cannot be determined until brows are completely healed at 6 weeks.

X _____Permanent makeup is not a replacement for topical cosmetic makeup products and some clients may still feel the need to fill in their brows afterwards.

X _____ I am NOT under the influence of drugs and/or alcohol or any other mind-altering substance.

X _____ I agree to follow all pre-procedure and aftercare instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I confirm that I have read and understand the aftercare details.

X _____ I understand that my brow appointment must be scheduled at least 14 days from any COVID-19 vaccination. I accept responsibility for any unpredictable adverse healing that may occur due to the vaccines, and will not hold Flawless Edge liable.

X _____ I understand that these terms apply to all sessions and touchups.

INSTRUMENTS & SAFETY

-I understand that all instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use. Cross contamination guidelines are strictly adhered to.

-I agree to comply with the studio protocols in place for the safety of staff and other clients in the building due to COVID-19. I acknowledge that even though these safety measures are in place, there is no guarantee that transmission of COVID-19 can be completely avoided due to factors that may not yet be known.

- If an unforeseen condition arises in the course of the procedure, I authorize my artist to use her professional judgment to decide what she feels is necessary under the given circumstances.

-I fully understand and accept that non-toxic pigments are used during the procedure. I have taken into consideration the possibility of ink getting onto my clothing garments during the appointment and may stain. Once healed, even after the colour fades, pigment itself may stay in the skin indefinitely.

-The success of this procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, skin products used prior.

POSSIBLE RISKS OR COMPLICATIONS:

Anesthesia: Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used

Pain/Numbness: There is a possibility of pain or discomfort even after the topical anesthetic has been used. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.

Allergic reaction: Can occur from any anesthetics used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately.

Infection: Although rare, there is a risk of infection. The areas treated must be cleaned daily and only freshly cleaned hands should touch the treated areas.

Redness/Swelling: As a result of the treatment, combined with the use of the anesthetic, you may experience some redness/swelling that can last 1-4 days.

Asymmetry: Every effort will be made to avoid asymmetry; however, our faces are not symmetrical and adjustments may be needed during the follow up session to correct any unevenness.

Uneven Pigmentation: This can result from poor healing, infection, bleeding or many other causes. Effort to correct any unevenly healed pigment will be made at touch-up appointment.

The following medical conditions require clearance from your doctor:

Diabetes (Type 1 and 2), high blood pressure, cancer, auto-immune disease, thyroid/Graves' disease, any other medical condition that causes slow healing or a high risk of infection.

The alternative to these possibilities is to use cosmetics and not undergo the permanent makeup procedure.

I have been informed of the nature, risks, and possible complications and consequences of 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: infection, scarring, inconsistent colour, and spreading, fanning or fading of pigments. I understand the healed colour of the pigment may be modified slightly, due to the tone and colour of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize Ashley Rubis, as my permanent makeup artist to perform on my body the permanent makeup procedure desired today. I request the skin pigmentation procedure(s) and accept the permanence of this procedure, the use of the anesthetic, as well as the possible complications and consequences of the said procedure.

X_____ Date_____

CLIENT PHOTO RELEASE

X_____I hereby consent to, and authorize photos and/or video to be taken and kept securely on file for Ashley Rubis' reference.

I hereby consent to, and authorize the use by Ashley Rubis of the specified permanent makeup photographs and/or video; that is, photographs taken before, during and after my permanent makeup procedure. I understand that my identity will be protected and my name will not be used in conjunction with the photographs and/or video. I understand that all the photos and/or videos will be clinically appropriate and tastefully presented. I have agreed on the photographs that Ashley Rubis requests to be used and it is understood that these photos may be used on Ashley Rubis' website, social media accounts (Facebook, Instagram), and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used. Should I desire to revoke permission for their use in the future, I understand that I must notify Ashley Rubis in writing and allow 30 days to accomplish this removal. I now release Ashley Rubis all personal rights and objections I have or may have to the above described uses of my photographs and/or videos. I have entered into this release freely or voluntarily, and agree to be bound thereby.

Full face: X_____ Or, brows only: X_____ Or, do not share: X_____

RELEASE OF ALL CLAIMS

Ashley Rubis shall perform permanent application of dyes to the skin of the releaser. Whereas releaser has been informed as to the methods and procedures concerning the result of such treatments, a patch test will also be performed prior to the procedure, if requested by the client, to detect any signs of allergies. I hereby release, acquit, and discharge Ashley Rubis and any and all persons which are or might be claimed to be liable to me from all claims and demands or whatever nature, actions or causes of action, damages, loss of service, cost, expenses and compensation on account or in any way growing out of personal injuries and property damage as a result at any time in the future, whether or not they are in contemplation of parties at the present time and whether or not they arise following the execution of the release as the result of treatment procedure rendered. Releaser agrees to indemnify the hold harmless of Ashley Rubis for any loss, damage, claim, injury, or expense asserted against myself.

I have read and understand the release agreement _____**X (client)**

PERMANENT MAKEUP FEES & POLICIES

- Current pricing for all services and packages is available on the Flawless Edge Beauty Fresha booking page.
- The price for your selected service is confirmed at the time of booking and secured with your deposit.
- The Consultation + PMU Brows (TBD) pricing may vary depending on the service selected at your appointment.
- Prices, packages, and promotional offers are subject to change without notice. Any changes will not affect appointments that have already been booked and confirmed.
- A non-refundable deposit is required to reserve your appointment. The deposit will be applied toward your final service total. As your appointment time is reserved exclusively for you, deposits are non-refundable.
- All completed services are final sale and non-refundable.
- All initial brow procedures are eligible for one Follow-Up touch-up (within 6-8 weeks). Deposit required to book. Outside 8 weeks, or if appointments are missed, Refresher Session pricing applies.
- If you need to reschedule your appointment, please contact Ashley by email (ashley@flawlessedgebeauty.com) or by Instagram DM @flawlessedgebeauty_
- Appointments require 48 hours notice for cancellation or rescheduling. For last-minute cancellations and no-shows, deposit is forfeited and a new one must be sent to re-book.

X_____

TECHNICIAN

I have personally reviewed all of the above information with my client or my client's representative.

Technician Signature _____ Date_____