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SALT REMOVAL CONSENT FORM

Name: _____ Date: ____/____/____

Your permission is necessary before commencing any treatments. The permission form is intended to be a tool to ensure that you have been informed about your procedure, the risks and benefits, and to provide you with a chance to ask questions.

_____ I understand that the success of Permanent Makeup removal varies greatly depending on the age of the Permanent Makeup and the concentration of pigment colors.

_____ The number of treatments varies from client to client and depends on your previous Permanent Makeup procedure. Most commonly 2-6 treatments are necessary to remove the pigment.

_____ I understand that there is no guarantee that the Salt Remove Procedure will remove ***all*** the pigment.

_____ I understand that a shadow of the Permanent Makeup may be present after the treatments.

_____ (If client has scars from previous procedures or removal) I understand that my skin was originally scarred by the Permanent Makeup or removal application needle. This injury may remain even if all the pigment is removed.

_____ I understand that my skin will be extremely sensitive to sunlight following the procedure. I agree to refrain from tanning for 2 weeks prior and 4 weeks following the treatment. Maximum SPF should be worn at all times.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

Client Signature

Date