



LAURA McELROY
BEAUTY

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**INFORMED CONSENT TO APPLICATION OF
PERMANENT MAKEUP AND/OR MICROBLADING PROCEDURES**

NAME _____ DATE _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME/CELL PH. _____ WORK PH. _____ EMAIL: _____

I, _____ am over the age of 18, am NOT under the influence of drugs or alcohol, am NOT pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

PROCEDURE(s): _____

NO. OF VISITS REQUIRED: _____ COST OF PROCEDURE(s): _____

I FULLY AND COMPLETELY UNDERSTAND THE FOLLOWING: (initial each statement):

_____ I have been fully informed of the known and unknown 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 color, and spreading, fanning or fading of pigments. 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 tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s).

_____ I accept and am knowingly and voluntarily consenting to the permanence of the procedure as well as the possible known and unknown complications and consequences of the said procedure(s).

_____ I acknowledge there is a possibility of an allergic reaction to pigments and that a patch test is recommended.

_____ I understand that a patch test does not ensure a client will not have an allergic reaction.

_____ I have **CONSENTED TO** _____(initial) or **WAIVED** _____(initial) the patch test. If WAIVED, I release the technician from any and all liability if I develop an allergic reaction to the pigment.

_____ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable.

_____ I have received, read and fully understand the pre- and post-procedure instructions from LMB.

_____ I will **strictly adhere** to Laura McElroy Beauty, LLC'S pre and post care procedure instructions.

_____ I understand and acknowledge that my failure to strictly adhere to pre and post care instructions may jeopardize my chances for a successful procedure.

_____ I have fully and truthfully informed Laura McElroy Beauty, LLC that I am free from any communicable diseases such as Hepatitis B, Human Immunodeficiency Virus Infection, or any other infectious diseases and/or skin lesions.

_____ I have fully and truthfully informed Laura McElroy Beauty, LLC of all medications that are currently in my drug and medication regimen.

_____ I have fully and truthfully advised Laura McElroy Beauty, LLC of any and all medication for depression or any other mood altering prescription.

_____ I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips.

_____ I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s).

_____ I accept full and complete responsibility for the decision to have this cosmetic tattoo work done.

_____ I am voluntarily receiving this procedure. I understand that there are risks associated with this procedure. Injuries or outcomes may arise from my own or other's actions. I am assuming all risks of the procedure(s), whether known or unknown to me.

_____ I release from liability and waive my right to bring a claim against Laura McElroy Beauty, LLC, its representatives, agents, or employees and it's subsidiaries ("collectively "Laura McElroy Beauty, LLC") for any and all claims, including claims of Laura McElroy Beauty, LLC's

alleged negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in the procedure(s).

_____ I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) consent to procedure(s) (b) releasing Laura McElroy Beauty, LLC, from all liability, (c) waiving my right to sue Laura McElroy Beauty, LLC, (d) and assuming all risks of participating in the procedure(s).

CLIENT: _____ DATE _____

LAURA MCELROY BEAUTY

By: Laura McElroy, Owner _____ DATE _____