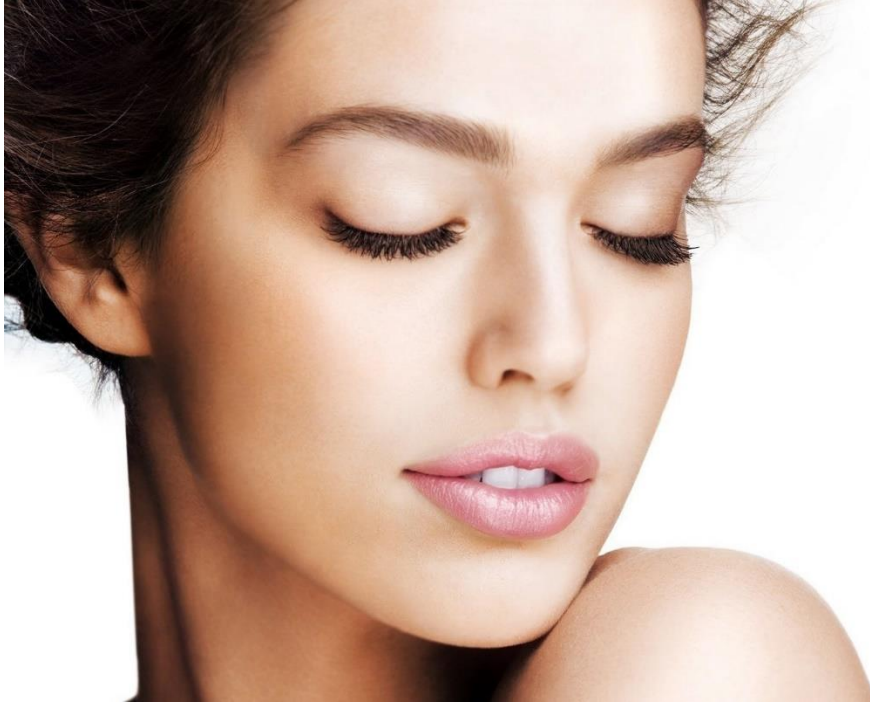


Master Makeup Artist by Rozita



GENERAL CONSENT AND PROCEDURE PERMIT FORM

Please read this form and fully sign at the end. If you are unsure about a particular detail of the form, please speak to us.

If an unforeseen condition arises in the course of the microblading procedure, I authorize **MASTER MAKEUP ARTIST BY ROZITA** to use their professional judgement to decide what they feel is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during the consultation and procedure.

I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve the desired results and that 100% success cannot be guaranteed during the first procedure.

I understand that I may have to return for a repeated procedure. The result of the procedure is determined 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 and post procedure aftercare.

Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume your normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see aftercare instructions for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional make-up on the affected area.

I have been advised that the true color will be seen approximately 1 month after each procedure and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well-being as a direct or indirect.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by **MASTER MAKEUP ARTIST BY ROZITA** and I confirm that I have received a copy of the aftercare details.

Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility for myself and any consequences that might stem from my decision to have any permanent cosmetic procedure performed by **MASTER MAKEUP ARTIST BY ROZITA**.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND I ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROBLADING PROCEDURE. THE PROCEDURE IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT, PREPROCEDURE FORM AND POST-PROCEDURE FORM GUIDELINES. I HEREBY AUTHORIZE **MASTER MAKEUP ARTIST BY ROZITA** AND DALY FLORES TO PERFORM THE MICROBLADING PROCEDURE ON ME.

CLIENT NAME _____

CLIENT SIGNATURE _____

ADDRESS _____

DOB _____

DATE _____

MASTER MAKEUP ARTIST BY ROZITA

240-480-6623

Rozita@MasterMakeupArtist.com

