



THE LASH CEO
A LASH AND BROW STUDIO

STATEMENT OF CONSENT AND RECITALS: PLEASE READ AND INITIAL ALL LINES

___ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have any questions I will call or email.

___ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

___ I understand that Retin A, Renova, Alpha Hydroxy, Benzoyl Peroxide and Glycolic Acids must not be used on my treated areas. They will alter the color and cause premature exfoliation of the pigment.

___ I understand that tanning beds, pools, some skin care products and medications can affect my 3D brows.

___ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue or the complexities of my skin.

___ I will inform medical professionals about my 3D brows especially if I am scheduled for an MRI. (due to some pigments having iron oxide in them, usually the amounts are so trace they're not an issue)

___ I accept responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

___ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your or my control, and I will need to maintain the color with future applications and a touch-up session within 60 days.

___ I acknowledge that the proposed procedure involves some risks and have possibilities of complications during and/or following the procedures such as infection, misplace pigment, poor color retention and hyperpigmentation.

___ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color and to fill any pigment that may have had poor retention. Touch-ups should be completed within 60 days initial procedure.

___ I have been quoted the cost of today's appointment, and the cost of the touch-up.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this service. I have had the opportunity to ask questions and all of my questions have been answered. I authorize Rickina Velte, Virginia Licensed Esthetician to perform my 3D Feather Brow service today, and I have reviewed and understand all the materials provided to me.

Signed _____ Date: _____