

# PERMANENT MAKEUP CONSENT FORM

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**Business Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Comprehensive consent form for permanent makeup procedures including lip blush, eyeliner, and brow tattooing. Covers all risks and aftercare requirements.*

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*\* Required fields*

**Full Name \***

*Jane Doe*

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**Email \***

*jane@email.com*

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**Phone Number \***

*(555) 123-4567*

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**Date of Birth \***

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**Emergency Contact Name \***

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**Emergency Contact Phone \***

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**Procedure type \***

*Options: Lip Blush / Eyeliner / Eyebrow Tattoo / Beauty Mark / Areola Restoration / Scalp Micropigmentation / Other*

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**Have you had permanent makeup before? \***

*Options: Yes / No*

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**Medical conditions**

*Diabetes, hemophilia, HIV, hepatitis, autoimmune conditions...*

**Current medications**

*Blood thinners, Accutane, immunosuppressants...*

**Allergies**

*Numbing cream, pigments, latex, metals...*

**Are you prone to keloid scarring? \***

Options: Yes / No / Not sure

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**Are you pregnant or nursing? \***

Options: Yes / No

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I understand this is a semi-permanent to permanent procedure \*

I understand healing takes 4-8 weeks with proper aftercare \*

I have reviewed and accept the aftercare instructions \*

**Client Signature \***

Sign here

**Date:** \_\_\_\_\_

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**CONSENT / WAIVER**

I consent to the permanent makeup procedure described above. I acknowledge this procedure involves depositing pigment into the dermal layer of the skin and is semi-permanent to permanent in nature. Risks include but are not limited to: infection, allergic reaction to pigments or numbing agents, scarring, keloid formation, asymmetry, color change or migration, and unsatisfactory results. I understand that healing takes 4-8 weeks and final results depend on proper aftercare. Touch-up sessions may be needed. I have disclosed all medical conditions, medications, and allergies. I release the provider from liability for outcomes within the normal range of expected results.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_