



CUSTOMER DISCLOSURES, TERMS & CONDITIONS

CLIENT NAME: _____ DATE OF BIRTH: _____

CLIENT PHONE NUMBER: _____ CLIENT EMAIL: _____

CLIENT ADDRESS: _____

PIGMENT COLOR: (Completed by staff) _____ AGE: _____

LOCATION OF MAKEUP: _____

TOTAL COST OF PROCEDURE: _____

Pricing:

- ❖ Permanent Makeup is quoted at full price.
- ❖ \$50.00 of quoted price is required to schedule appointment and receive a skin test.
- ❖ Remainder of payment is due on the day of procedure.
- ❖ COUPONS MUST BE PRESENTED AT THE TIME OF QUOTE.
- ❖ There are no refunds. Client Initial _____

Client Disclosures:

- ❖ I am at least 18 years of age.
- ❖ It is my choice to have these procedures performed.
- ❖ I do not have any health conditions or issues that will prevent me from having the permanent makeup process applied by Mary Hauser of Regal Touch Permanent Cosmetics.
- ❖ I do not have hepatitis nor have I had hepatitis within the last year.
- ❖ I do not have epilepsy.
- ❖ I am not a diabetic.
- ❖ I am not a hemophiliac.
- ❖ I do not have a heart condition.
- ❖ I am not under the influence of drugs or alcohol.
- ❖ If I have any condition that might affect the healing from this procedure, I will advise my artist.
- ❖ I am not pregnant or nursing.
- ❖ I do not have medical or skin conditions such as but not limited to: acne, scarring (keloid) eczema, psoriasis, freckles, moles or sunburn in the area of the procedure that may interfere with said permanent makeup. If I have any type of infection or rash anywhere on my body, I will advise my artist.
- ❖ I do not have a communicable disease or sexually transmitted disease that may interfere with the application of permanent makeup and/or place the artist at risk. If I have any type of communicable disease or sexually transmitted disease, I will advise my artist so that additional safety protocols may be implemented to protect the customer and the artist.

- ❖ To my knowledge, I do not have any physical, mental or medical impairment or disability which might affect my wellbeing as a direct or indirect result of my decision to have permanent makeup related work done at this time.
Please note these conditions may not prevent you from receiving the procedure. We must be aware to protect the artist. **FAILURE TO FULLY DISCLOSE YOUR MEDICAL CONDITIONS SHALL BE CONSIDERED A MATERIAL MISREPRESENTATION UNDER THIS AGREEMENT.** There may be additional requirements if you do have any of these conditions.
- ❖ I have read the above and declare I have disclosed all medical conditions that I currently have or have had to Regal Touch Permanent Cosmetics.
- ❖ I hereby consent and authorize Regal Touch Permanent Cosmetics, its employees or contractors to give, disclose, share and release, without restriction, all of my individually identifiable health information which I disclose regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of communicable diseases, sexually transmitted diseases, mental illness, and drug or alcohol abuse to Regal Touch Permanent Cosmetics, its employees or contractors that are working on my permanent makeup.

Disclosures and Potential Risks:

- ❖ I fully understand there is no pigment or ink FDA approved for the purpose of any type of tattooing.
- ❖ I fully understand that there is a chance I could have an allergic reaction to the pigments or inks used.
- ❖ I take full responsibility for any and all damages resulting from my choice to receive permanent makeup.
- ❖ I agree to follow the instructions concerning the care of my permanent makeup while it is healing.
- ❖ I fully understand that permanent makeup is a permanent change to my appearance. No representations have been made to me as to the ability to later change or remove it in the future.
- ❖ I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.
- ❖ I understand that if my skin color is dark the colors will not appear as bright as they do on light skin.

Quality Statement:

- ❖ Regal Touch Permanent Cosmetics wants to be sure you receive the finest procedure possible at the best price and in a sterile work environment. Upon completion of the procedure, you must ensure that the work is complete and to your full satisfaction. If you choose not to verify this procedure is of the highest quality before you leave Regal Touch Permanent Cosmetics, you cannot receive any repairs or touchups at a later date.



Additional Terms and Information:

- ❖ I hold Regal Touch Permanent Cosmetics, its employees or contractors harmless of all damages as a result of the work performed under this Agreement for any permanent makeup, cosmetic tattoo or body piercing procedure.
- ❖ I hereby release any and all persons and entities representing Regal Touch Permanent Cosmetics, its employees or contractors, from all responsibility and all damages as a result of the work performed for any permanent makeup, tattoo, cosmetic tattoo or body piercing procedure under this Agreement. This includes dissatisfaction, adverse results, allergic reaction, failure to fully disclose my medical conditions or any other problem that may occur to include the healing process.
- ❖ I accept all responsibility for any consequences that might stem from my decision to have a permanent makeup tattoo, cosmetic tattoo or piercing related work done by Regal Touch Permanent Cosmetics, its employees or contractors.
- ❖ I agree not to make any claim or lawsuit against Regal Touch Permanent Cosmetics, its employees or contractors, in regard to any damages, claims, demands, rights and causes of action of any kind. This includes injuries, property damage or death of any other persons or myself arising from my decision to have permanent makeup or piercing related work done whether or not caused by any negligence of Regal Touch Permanent Cosmetics, its employees or its contractors.
- ❖ I agree for myself, my heirs, assignees and legal representatives to hold Regal Touch Permanent Cosmetics, its employees or its contractors, from all damages, actions, cause of actions, claim judgments, cost of litigation, attorney's fees and all other cost and expenses which might arise from my decision to have permanent makeup or piercing related work done by Regal Touch Permanent Cosmetics, its employees or its contractors.
- ❖ I agree to pay for any and all damages and injuries to any and all persons and property belonging to Regal Touch Permanent Cosmetics, its employees or its contractors, or any other persons to whom they may be liable contractually or by operation of law, caused by, or resulting from my decision to have permanent makeup or piercing related work done by Regal Touch Permanent Cosmetics, its employees or its contractors.
- ❖ I agree to leave the premises of Regal Touch Permanent Cosmetics, its employees or its contractor's property, upon their request.
- ❖ I agree and declare that any and all claims pursuant this Agreement that are not barred by this Agreement, shall be resolved in accordance with the arbitration resolution listed in this Agreement.
- ❖ Prior to the institution of arbitration hereunder, the party seeking to institute arbitration must give written notice to the other party of the intent to begin arbitration and will delay the same for a period of thirty (30) days during which the parties are to attempt to resolve their dispute by means of non-binding mediation. In the case of any dispute between the parties which has not been resolved through non-binding mediation between the parties, such dispute shall be settled and determined through arbitration in accordance with the Rules of Commercial Arbitration of the American Arbitration Association ("AAA"). Any arbitration pursuant to these Regulations shall be held in Brazil, Indiana and shall be conducted by a single arbitrator to be selected by other arbitrators, one of whom shall be selected by each Partner. The written decision of the arbitrator so selected shall be binding, final, and conclusive on the parties. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The fees and expenses of arbitration shall be part of the award. The prevailing party in any arbitration shall recover its expenses and costs including reasonable attorney's fees from the other party.

I have read and understand each of the above paragraphs and provisions thereof.

Regal Touch Permanent Cosmetics:

Artist Name: Mary Hauser **Artist Signature:** _____

Date: _____

Customer's Signature: _____

Date: _____



Regal Touch Permanent Cosmetics

Client Information and Medical History

Name: _____ Today's Date: _____

Last First Middle Initial

Address: _____

Street City State Zip

Home Phone: _____ Work Phone: _____ Mobile: _____

Allergies: _____ Dental Work: _____

Medications: _____ Health: Excellent__ Good__ Fair__ Poor__

Surgeries: _____ Herpes: _____

Natural Hair Color: _____ Skin Color: _____ Eye Color: _____

Ancestry/Nationality: _____

SKIN CONDITIONS: Check All That Apply

___BCP/Pregnancy Hyperpigmentation ___ Tans Easily ___ Hyperpigmentation ___ Acne___ Lesion___ Burns easily/hypersensitivity___ Vascularity ___ Lines ___ Scars ___ Recent Botox (Procedure Date: _____)

Are you using any anti-aging skincare products? ___ If yes, please list. _____

Completed by staff:

Skin type: _____ Undertones: _____ Fitzpatrick: _____

Client Consent (Initial) _____

___ Yes ___ No

Prior Tattoo

___ Yes ___ No

CLIENT INITIAL _____



I do not have any health issues that will prevent me from having the tattoo process applied by Regal Touch Permanent Cosmetics or any of the Independent Contractors that work at Regal Touch Permanent Cosmetics.

If I have diabetes, epilepsy, hepatitis, hemophilia, HIV-AIDS, or any other communicable disease, heart condition or take medicine which thins the blood I have advised my tattoo artist.

I fully understand that there is no pigment or ink that is FDA approved for the purpose of any type of tattooing.

I have read all of the warnings and declare that I have disclosed all medical conditions that I currently have or have had.

I fully understand that there is a chance that I could have an allergic reaction to the pigments or inks used. I take full responsibility for any damages that may occur from my choice to be tattooed. I hold Regal Touch Permanent Cosmetics and its employees or contractors harmless of all damages.

Customer: _____



PRE-PROCEDURE INSTRUCTIONS

PLEASE READ ALL MATERIAL THOROUGHLY PRIOR TO YOUR PROCEDURE. AVOID ALCOHOL AND CAFFEINE. EAT PROPERLY FOR 24 HOURS BEFORE PROCEDURE. ASK ANY QUESTIONS YOU MAY HAVE BEFORE PROCEDURE.

Use BASIC soap (for your skin type) and no moisturizers for several days prior to your procedure. This includes NO makeup or moisturizers the day of procedure. Allow 2 hours for your makeup procedure. Consult your doctor and the permanent makeup technician before taking any medications prior to coming to your appointment. Eat well before the procedure. Avoid alcohol and caffeine.

- For an eyeliner procedure, have someone drive you home. Do not operate a vehicle yourself for 8 hrs.
- Do not wear contact lenses, as you will not be able to wear them for 48 hours.
- Do not tweeze, wax, have electrolysis or get sunburned for one week prior to treatment.
- Lip liner and full lip clients are advised to take OTC Lysine prior to appointment. (Dosage: 2X's day for 7 days). Consult your doctor before taking any medication.
- If you have had fever blisters in the past you MUST obtain a prescription for Valtrex or equivalent prior to the procedure. Consult your doctor before taking any medication.
- If lip client and have Mitral Valve Prolapse, you MUST obtain a prescription for Prophylactic antibiotics. Consult your doctor before taking any medication.
- Do not use Aspirin or Ibuprofen (Advil) for 2 weeks prior to treatment. Use Tylenol instead.
- You can take extra vitamins and calcium prior to your appointment to help healing and reduce swelling. However, DO NOT take vitamin B.
- DO NOT take codeine prior to treatment.

DATE: _____

SIGNATURE: _____

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

CLIENT INITIAL _____



POST-PROCEDURE PROTECTIVE INSTRUCTIONS

1. Clean area several times a day by splashing cold water on affected area and pat dry. Then, reapply a very light layer of VASELINE for 4-7 days. If any itching occurs, do not scratch.
2. It is natural that some flaking will occur. **DO NOT PICK/SCRATCH FLAKES OR SCABS.**
3. **DO NOT** go into sun or swimming pool for two weeks. When you do go into the sun use an SPF 50 to protect your face.
4. Take Advil or Tylenol, per doctor's approval, as necessary for discomfort. Cold packs to the procedure area can be used for the first 24 hours. Apply every other 20 minutes.
5. You may shower 24 hours following the procedure as usual.
6. You can expect swelling, redness, bruising and bloodshot eyes following eyeliner procedure.
7. Within the first 24 hours, call Regal Touch Permanent Cosmetics for any questions 24 hours a day. **DO NOT** operate a motor vehicle after the procedure.
8. If eyeliner procedure is done, a new container of mascara is a **MUST**. **DO NOT** apply makeup for 7 days.
9. Lip clients should continue to use OTC Lysine (Dosage: 2X's day for 7 days) or Zovirax according to their doctor's directions.
10. **RETIN-A** and facial peels may remove or change permanent cosmetic color. Avoid applying these over your permanent cosmetics.
11. If you have any questions or concerns, call Mary Hauser at Regal Touch Permanent Cosmetics. You must agree to keep your follow-up appointment in four to six weeks. Cosmetic tattooing is a process and requires two or more procedures for the best possible result.

NOTE: Treated area should be surface healed within 5-7 days. However, some individuals may take longer. It is **NORMAL** to lose approximately one third (1/3) of the color during the eyebrow and up to (20%) of the lip color during the healing process. When you leave today, the color may be a shade too dark, and in 3-5 days it will look much lighter. (On lips, some believe they have lost the color). In a week to 10 days following your treatment, the color will begin to show more.

DATE: _____ SIGNATURE _____

Last Name _____ First Name _____ MI _____

CLIENT INITIAL _____



Allergies: _____ Dental History: _____
Medications: _____ Fever Blisters: Yes__ No__ Surgical History: _____
Prior Tattoo: Yes__ No__ Patch Test: Yes__ No__ (Initial if Refused) _____
Medical History: _____

Cosmetic Tattooing: Regal Touch Permanent Cosmetics has counseled me with regard to the procedure of implanting color pigments and/or inks for the purpose of cosmetic and/or corrective makeup. I have been counseled specifically with regard to possible allergies to A) local / topical anesthetics or their preservatives and to B) pigments (especially red and yellow) and latex allergy. I will report any adverse reactions following my procedure to Regal Touch Permanent Cosmetics without delay. I understand and agree that my desired procedure is tattooing and an elective cosmetic procedure that is not medically necessary. I understand that the final color cannot be guaranteed but that Regal Touch Permanent Cosmetics will make every effort to provide a pleasing result. I understand that Regal Touch Permanent Cosmetics cannot be responsible for any time lost from work.

I am over 18 years of age and hereby authorize Regal Touch Permanent Cosmetics staff to apply permanent cosmetics, also known as tattooing on me. I elect to have this procedure performed understanding that it is for cosmetic purposes. I understand this procedure is not easily reversed if at all. Typical results have been explained to me. However, complications may occur and no guarantee is expressed or implied as to the final result of the procedure. I understand that procedures involving the eyelids have a risk of corneal abrasion or sensitivity to light and infection does occasionally occur. All pigments used are either organic, inorganic, iron oxide or a blend of both and that the FDA has not approved for cosmetic or tattoo pigments.

I have informed Regal Touch Permanent Cosmetics staff of any physical or psychiatric health problems that would prevent me from having this procedure performed to include all medications I am taking. I know of no reason why I should not have this procedure performed on me. I understand that temporary redness, swelling, bruising, tingling and discomfort occur from this procedure and that pigment color cannot be guaranteed due to tone, color and texture of my skin. Possible complications that could occur include, but are not limited to, the risk of infection, allergy or sensitivity to pigment or local / topical anesthetics, inconsistent color and possible fading as explained to me by Regal Touch Permanent Cosmetics. I have been given pre and post procedure instructions and will follow these instructions. I will also seek medical attention as instructed by Regal Touch Permanent Cosmetics if necessary. I understand that I am responsible for the full payment of expenses incurred in the event this is necessary. I give my permission to photograph my face (permanent makeup). This photograph may be used by Regal Touch Permanent Cosmetics in her portfolios and website for advertising purposes without any present or future payment to me.

This cosmetic, elective, non-medical procedure is being performed under standard sanitizing and sterilizing methods recommended by the Centers for Disease Control. This includes disposing of all probes used once on a client in front of that Client. The device for implanting pigment which is used can be disassembled and the non-motor parts are discarded. In consideration of Regal Touch Permanent Cosmetics solely providing me the service requested, I for myself, my spouse, legal representatives, heirs and assigns, hereby release, waive and discharge Regal Touch Permanent Cosmetics from liability for loss or damage on account of injury to my person either physically or emotionally. I understand two to three procedures may be necessary to achieve the desired effect and agree to complete any treatment and payment plan.

I expressly agree that this consent, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Indiana. If any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect. I have read this consent and understand all its terms and execute this release voluntarily and with full knowledge of its significance. I have been provided with instructions on how to care for my tattoo and have no further questions.

My reason for seeking (_____) permanent cosmetic or corrective tattooing: _____

Date: _____

Signature: _____

CLIENT INITIAL _____



Procedure: _____

**PERMANENT MAKEUP FACTS
WHAT TO EXPECT**

- The Day After:** When your new makeup is completed it will appear too dark. This is temporary. You are seeing pigment in both layers of your skin (epidermis and dermis). The top layer of your skin sheds and renews itself every few days and with this natural process the pigment in the top layer will peel off. This initial DARK look will not last. Only the color in the dermis (second layer of skin) will be long lasting. If you are happy with your new permanent cosmetic color and darkness when you leave your first session, then you will be unhappy within one to three weeks. For this reason it is important for you to be patient and let your skin heal.
- The Process:** Permanent makeup is a process of carefully implanting microscopic colorants into the dermis. In cases of camouflaging scars and corrective makeup the goal can only be achieved through repeated applications and refinements to the previous applications after healing. The goal of the first application is to “saturate” the desired area to be pigmented. Your second visit is to shape, smooth irregularities and enhance the color of your permanent makeup.

Most people usually want MORE makeup rather than LESS

This is common because it is better to apply LESS makeup during the first session than TOO MUCH. A rule of thumb is: Eyebrows lose 10% of their original color, Eyeliner loses 10% of their original color and Lip Liner and Lip Color lose 15% of their original color. On your second visit, color is layered into the “base” color applied in the first session. Irregularities, color and “holes” are corrected and filled.

- Healing:** For the first 2-3 days following eyebrows and eyeliner applications, and for the first 3-7 days following lip liner or lip color, you will have swelling, redness and tenderness in the area of your newly applied makeup. It is important to pamper your new makeup and keep a protective veil of Vaseline over the affected area. This prevents scab formation and drying, which can “lift out” the newly implanted color. Always wear sunglasses and sunscreen when outside.
- Touch-Up Visit:** This is exactly what the name implies. Your permanent makeup will more likely than not need to be touched up within the first year following your initial two visits. The goal of this visit is to fill in any areas that need enhancement. Often times this is the “Cupid’s bow” of the lips or areas of eyeliner or eyebrow makeup that have healed with a loss of pigment. Every person is unique and we cannot predict how your makeup will appear. Be assured that I will do my very best to make you happy with your investment in permanent makeup. Your cooperation is vital.

AGREEMENT: I have read the Permanent Makeup facts and desire the application of permanent makeup. I will cooperate with Regal Touch Permanent Cosmetics and/or the staff during the application of my makeup. I understand that the desired result is a process which requires at least two applications or more, as may be necessary, including changes in shape and color of my makeup. I am eighteen years or older and have no reason to believe that I should not have permanent makeup applied. I understand that the process is permanent and it is difficult or impossible to remove completely.

SIGNATURE: _____

Last Name: _____ First Name: _____

CLIENT INITIAL _____



Address: _____

Home Phone: _____

City/State/Zip: _____

Work Phone: _____

Allergies: _____

Herpes: Yes__ No__

Medications: _____

Surgeries: _____

Health: _____

Dental Work: _____

CHECK EACH ITEM THAT PERTAINS TO YOU

Eye History:

- Dry Eyes
- Contact Lenses

- Glasses
- Corneal Abrasion

- Eye Drops
- Eye Allergies
- Glaucoma
- Visual Disturbances
- Allergy to Eye Makeup
- Light Sensitive
- Eye Infections

Drug History:

- Asprin
- Ibuprofen (Advil, Aleve)
- Thyroid medication
- High Blood Pressure meds
- Heart Disease meds
- Water Pills

Skin History:

- Do you form Keloids?
- Psoriasis
- Acne
- Retin A use
- Glycolic Acid Treatments
- Allergies to Makeup
- Plastic Surgery
- Prior Tattoo(s)
- Sensitive Skin
- Collagen Injections
- Dermabrasion/Laser RX
- Lupus or Scleroderma

Basic History:

- Married Single Div/Sep
- Asthma
- Anemia
- Arthritis
- Seizures
- Headaches

Lip History:

- Fever Blisters
- Dental Problems
- Other

Med/Surgical Hx:

- Are you under Doctor's care now?
- Hepatitis/AIDS/Liver
- Autoimmune Disorder (lupus, rheumatoid arthritis)
- Alopecia
- Cancer

Allergy History:

- Local Anesthetics
- Lidocaine/Tetracaine
- LATEX
- Penicillin/Sulfa
- Iodine (IVP dye)
- Hay fever/Sinus
- Nickel



- | | | |
|---|---|---|
| <input type="checkbox"/> Pain Pills | <input type="checkbox"/> Neck/Back Pain | <input type="checkbox"/> Hair Coloring |
| <input type="checkbox"/> Blood Thinners | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Codeine or Demerol |
| <input type="checkbox"/> Insulin (Diabetes) | <input type="checkbox"/> Sugar Diabetes | <input type="checkbox"/> Bee Sting Allergy |
| <input type="checkbox"/> Anti-Depressants | <input type="checkbox"/> Heart Problems/Pain | <input type="checkbox"/> Makeup: Mascara, etc |
| <input type="checkbox"/> Vitamins | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Other: please write |
| <input type="checkbox"/> ACNE Medication | <input type="checkbox"/> Liver or Kidney Problems | |

Additional Information: _____

Date: _____ My Signature: _____
 Name: _____ Age: _____
 Address: _____
 City/State/Zip: _____

CIRCLE EACH ITEM THAT PERTAINS TO YOU

- | | | |
|--------------------------------|--------------------------------|--------------------------|
| Advil | Dynosal | Nuprin |
| Aleve | Easprin | Orudis |
| Alka-Seltzer | Ecotrin | Os-Cal-Gesic |
| Anacin | Efficin | Pabalate-SF |
| Anaprox | Emagrin | Pabalate |
| Anodynos | Empirin | Pabirin |
| Argesic | Empirin W/Codeine | Pepto-Bismol |
| Arthralgen | Equagesic | Percodan |
| Arthritis Tablets | Excedrin | Persantine |
| Arthropan Liquid | Feldene | Plavix |
| Ascriptin | Fiorinal | Premarin |
| Ascriptin W/Codeine | 4 Way Cold Tablets | Propoxyphene Compound 65 |
| Asperbuf | Garlic Pills | Prozac |
| Aspergum | Gaysal-S | Robaxisal |
| Asprin (Including Baby Asprin) | Gemisyn | S A C Tablets |
| Axotal | Goody's Headache Powder | St. Josephs for Children |
| B C Tablets & Powder | Hormone Supplements (Estrogen) | Saletto |

CLIENT INITIAL _____

Bufferin	Ibuprofen	Salocol
Bufferin W/Codeine	Indocin	Sine-Off Sinus Medicine
Buffets 11 Tablets	Lanorinal	SK 65 Compound
Buffinol	Lexapro	Stanback
Buff-A-Comp	Lovenox	Supac
Buff-Tabs	Magan	Synalgos
Cama Arthritis	Magsal	Synalgos – DC
Clinoril	Marnal	Talwin Compound
Congesprin	Maximum Bayer	Tenstan
Cope Tablets	Measurin	Ticlid
Coricidin	Meclomen	Tolectin
Cosprin	Methocarbamol w/Aspirin	Trigesic
CP-2-Tablets	Micarainin	Trilisate
Coumadin (Ask Doctor before stopping)	Midol	Uracel 5
Darvon Compound	Mobic	Vanquish
Dasin	Mobidin	Verin
Dinol	Mobigesic	Vitamin E
Disalcid	Momentum Muscular Backache Form	Volterra Zorprin
Doan's Pills	Naprosyn	Duoprin
Durasal	Neocylate	

If you are unsure whether or not a prescribed medication you are using is a blood thinner, contact your primary care physician. Please continue taking heart or blood pressure medications in accordance with your doctor's directions. Will need a doctor's release if you suffer from high blood pressure, epilepsy, allergies, heart conditions or any disease affected by topical anesthetics.

Date: _____ Signature: _____



APPLICATION FEES & TREATMENT PLAN FOR PERMANENT MAKEUP
NOTE: WE DO NOT PROVIDE REFUNDS _____INITIAL

Transaction Date _____ Procedure & Payment Record Amount _____

If you choose to proceed with a permanent makeup procedure, 50% of the total balance will be required to schedule an appointment. Any payment plan must be agreed upon at the time of consultation. Balance due on procedure day.

I AGREE TO COMPLETE THIS TREATMENT PLAN AS EVIDENCED
BY MY SIGNATURE BELOW.

SIGNATURE: _____

Amount Paid: _____

Balance Due: _____

Method of Payment: _____ Cash _____ Credit Card

(Please fill out credit card release form for credit card payment).



REGAL TOUCH PERMANENCT COSMETICS
REMOVAL RELEASE

Today's Date: _____

I _____ hereby state that I have been fully advised on the effects of the bad tattoo (_____) that I have received from other technicians. I am fully aware and have been advised by Regal Touch Permanent Cosmetics and the staff that surgery is the only way to completely remove unwanted permanent makeup and conventional tattoos. Instead, I have elected to have Regal Touch Permanent Cosmetics remove the tattoo or permanent makeup with saline solution into the area in hopes of a successful correction of the current pigment that is present. *Initial* _____

I have been fully advised of the risks associated with this procedure and the necessary steps that it will take to correct the current permanent makeup. I hold Regal Touch Permanent Cosmetics harmless from any adverse effects or damages. I again state that I have elected to have this procedure done by my own free will and that I have had 24 hours to think this procedure over. *Initial* _____

I fully understand that normally a permanent makeup procedure or a conventional tattoo is permanent. I fully understand that any future permanent makeup I may have is considered corrective and that if I elect to have Regal Touch Permanent Cosmetics do the corrective procedure and redesign that there is an Additional charge for that procedure. Again, if I elect to have corrective work done there are no guarantees, as Regal Touch Permanent Cosmetics did not do the original damage and the current permanent makeup that is considered permanent. I understand that Regal Touch Permanent Cosmetics has recommended surgery. I still select to have the tattoo removal solution procedures. *Initial* _____

Signed _____ of my own free will. *Date:* _____

Signature _____

Print Name _____
Last Name *First Name*

Witness: Signature _____ *Date:* _____
Print Name _____ *Date:* _____

CLIENT INITIAL _____

CONSULTATION & ADDENDUM TO INFORMED CONSENT-completed by staff

Fitzpatrick Skin Type

Type	Hair Color	Skin Color		Eye Color
1	Red	Light		Blue/Green
2	Blonde	Light		Blue
3	Brown	Medium		Hazel
4	Brn/Blk	Med/Dk		Brown
5	Black	Dark		Brn/Blk
6	Black	Black		Other

Name: _____

Date: _____

Allergies: _____

Previous Permanent Makeup: Yes__ No__

List Here: _____

Patch Test Color: _____

Put an X in the box that best fits the client.

Undertones: _____ Warm _____ Cool _____ Neutral

Ancestry: _____

✓ Check Procedures Desired

Left Brow

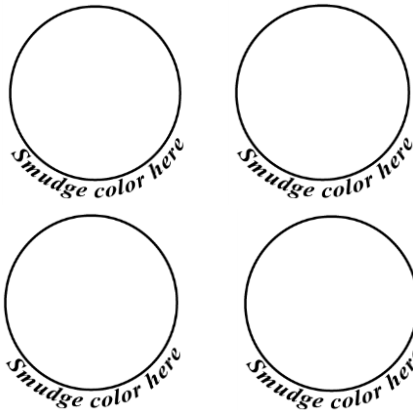
Right Brow

--	--

Eyebrows

- ___ Solid, Powdered
- ___ Hair strokes only
- ___ Powder background/hair strokes
- ___ Multi-color hair strokes

Draw Design Here



Lip color

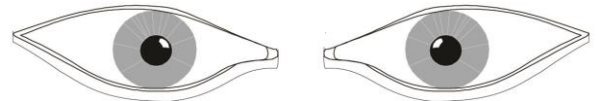
- ___ Full lip color



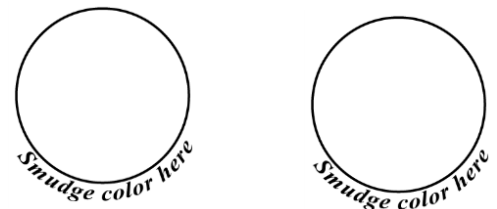
Draw Design Here

Eyeliner

- ___ U/L ___ U ___ L
- ___ Eyelash Enhancement
- ___ Eyeliner ___ thick ___ thin
- ___ Eyeliner extensions (wings)
- ___ Multiple colors for eyeliner



Draw Design Here



Notes: _____



PRE-NUMBING CREAM: TOPICAL LIDOCAINE 3%, TETRACAINE 2%

TOPICAL GEL DURING PROCEDURE: LIDOCAINE 4%, EPINEPHRINE .04 MG.

Please have your doctor authorize the use of these products during permanent makeup procedure with regards to your **current health condition(s)**. Any questions can be directed to Mary Hauser at Regal Touch Permanent Cosmetics.

Fax Number _____

Phone Number _____

Post Procedure Statement

❖ For your protection it is required that you sign this form after your permanent makeup is complete and that you have agreed that the permanent makeup procedure is to your satisfaction.

❖ **If you are not satisfied, please advise Regal Touch Permanent Cosmetics staff prior to leaving the studio.**

I have read this statement and agree to the terms and conditions required after the procedure is completed.
I have inspected the craftsmanship and find the permanent makeup is of quality and meets my approval as complete.

Artist Name: Mary Hauser Artist Signature: _____

Date: _____

Customer's Signature: _____

Date: _____