



PERMANENT MAKEUP CONSENT

Semi-permanent cosmetic application

AUTHORIZATION

I, _____, hereby consent to and authorize Marcella, LME (Permanent Makeup Artist), of SkinCare by Marcella LLC, to perform the following procedure:

☐ Brows (microblading) ☐ Eyeliner ☐ Lip liner ☐ Lip blushing ☐ Touch-up / corrective visit

I am voluntarily electing to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with risks and hazards involved. I have been informed of and willing to accept the risks and complications of the topical anesthetic used during my procedure.

RISKS & RESULTS

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications including pain, discomfort, infection, bleeding, swelling, bruising, asymmetry, poor color retention, hyper-pigmentation and adverse reaction to topical anesthetic, etc.

I recognize results cannot be guaranteed. My age, skin condition, and lifestyle can affect the overall results of this treatment. I agree to hold SkinCare by Marcella LLC and its representatives harmless in the event my expectations are not met. I understand I will not be issued a refund if I am dissatisfied with the outcome of this treatment.

CORRECTIVE VISITS

I understand this is a 2- and sometimes 3-step process and I may experience asymmetry and uneven pigmentation until I return for my post-procedure corrective visits. I understand I must return no later than 60 days after initial procedure to obtain the expected results. If I fail to return before the initial 60-day post-procedure period, additional payment will be required.

AFTERCARE & MEDICAL HISTORY

I have read and understand the after-care instructions which have been given to me. I understand it is my responsibility to follow these after-care instructions as they are written. I understand I can also obtain a copy of the after-care instructions on SkinCare by Marcella's website, if needed. I have, to the best of my knowledge, given accurate account of medical history, including all known allergies, prescription drugs, or products I am currently ingesting or using topically and will hold SkinCare by Marcella LLC and its representatives harmless for any conditions present which were not disclosed at the time of this procedure which may affect my treatment today.

MRI NOTICE

I understand the pigments used in semi-permanent cosmetic procedures contain inert oxides, which will affect my ability to have an MRI (magnetic resonance imaging) in the future. I am responsible for notifying radiology technicians of my need for low level magnet imaging if the need should arise.

ACKNOWLEDGMENT & CONSENT

I have read and understand the agreement as outlined above. All my questions have been answered to my satisfaction, and I consent to the terms of this agreement and wish to proceed with this elective service despite the possible risks and complications.

Patient signature

Date

Marcella, LME – SkinCare by Marcella LLC

Date