



Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Roseelashbar  
LLC: \_\_\_\_\_

## INFORMED CONSENT FOR PERMANENT COSMETIC ENHANCEMENT

***My procedure(s) today is/are: Check all that apply.***

Ombre Powder Brows      Combo Brows      Microblading      Eyeliner/Smokey Lash Enhancement      Lips

***Please initial below:***

\_\_\_\_\_ I hereby authorize Roseelashbar, LLC to perform upon myself permanent cosmetic enhancement. If any unforeseen condition arises in the course of the procedure(s), I further request and authorize Roseelashbar, LLC to use its full judgment and do whatever is deemed advisable and necessary in the circumstances without any liability to Roseelashbar, LLC.

\_\_\_\_\_ I understand that semi-permanent and permanent cosmetic enhancement is an advanced form of tattoo.

\_\_\_\_\_ I accept full responsibility for determining the color, shape, and position of the enhancement as mutually agreed upon during the course of my consultation.

\_\_\_\_\_ I understand that a commercially reasonable effort will be made to avoid unevenness, but some bone structure, facial deformity or birthmarks, or muscle movement does not call for perfect symmetry.

\_\_\_\_\_ I was made aware that I am able to take an allergy test prior to procedure day and understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware of that allergic response to pigment is rare and accept all responsibility if allergic response occurs.

\_\_\_\_\_ I understand that employee(s), practitioner, or any personnel from Roseelashbar, LLC are not licensed physicians or medical doctors and was made aware to seek licensed physician or medical doctor's opinion if needed.

\_\_\_\_\_ I am aware that a sensitivity reaction to anesthetics can occur and accept all responsibility if allergic response occurs.

\_\_\_\_\_ I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over the course of 1 to 3 years. Even though the color has faded, the pigment will stay in the skin indefinitely and may leave a light residue of color on the skin.

\_\_\_\_\_ I understand that dyes, inks, and pigments are not approved by the Food and Drug Administration ("FDA"), and the health effects are not known.

\_\_\_\_\_ I accept that the highest standards of hygiene are met, and that sterile disposable needles 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 desirable results, and that 100% success cannot be guaranteed. I understand that this is why I may need to return for a touch up procedure or additional touch-ups thereafter.

\_\_\_\_\_I understand that the touch-up procedure, if required, will be performed 4 to 8 weeks after the initial procedure, and that after the 8 week period, I will be charged an additional fee for any procedures or services. I will book the appointment when it is convenient for both parties.

\_\_\_\_\_I understand that all services are non-transferable and non-refundable (full or partial refund).

\_\_\_\_\_I understand that semi-permanent cosmetic enhancement is an invasive procedure, and the infusion process can be uncomfortable or sometimes painful depending on my sensitivity.

\_\_\_\_\_I am aware that the result of the procedure is determined by the following:

- |   |                               |
|---|-------------------------------|
| Medication                                      | A compromised immune system   |
| Skin Characteristics - i.e. dry/oily/sun-damage | Poor Diet                     |
| Natural skin undertones                         | Post procedure care treatment |
| Alcohol intake and smoking                      | Lifestyle                     |
| General stress                                  | Sun Exposure                  |

\_\_\_\_\_I have been advised that upon completion of the procedure there **may** be swelling and redness of the skin, which will most likely subside within 1 to 2 days dependent on lifestyle or any factors listed above. In some cases, bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, using cosmetics, prolonged exposure to water, excessive perspiration, and exposure to the sun should be limited for up to 2 weeks following the infusion process.

\_\_\_\_\_I understand that immediately after the procedure, the enhancement may be 40% to 60% darker than the desired result and may take between 4 to 10 days to lighten. I understand that the true color will be visible approximately 1 month after each application, and that the color may vary according to skin tones, skin type, age, and skin conditions. I acknowledge that some skins accept color more readily than others, and no guarantee of an exact effect or color can be given.

\_\_\_\_\_I acknowledge that the proposed procedure(s) involve inherent and unforeseeable risks in the procedure and have possibilities of complications during and/or following the procedure(s) such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

\_\_\_\_\_I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however is a process, which may take some time.

\_\_\_\_\_I agree to inform my doctor of my permanent cosmetic enhancement if I require a MRI scan within a 3 month period of receiving the procedure.

\_\_\_\_\_I have been quoted the cost of today's procedure and understand that future touch-up rates and/or policies are subject to change.

\_\_\_\_\_I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the practitioner, employee, or contractor of Roseelashbar, LLC. I understand that infection and possible scarring can occur if I do not adhere to the said instructions.

\_\_\_\_\_I understand that beautybott, LLC can release me as a client at any given time with or without a reason.



\_\_\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy, Glycolic Acids, Aloe, and Vitamin E products must not be used on the treated areas or forehead area during healing.

\_\_\_\_\_ 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 result of my decision to have the procedure done at this time.

\_\_\_\_\_ For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s). I give my consent for before and after pictures to be used for marketing.

\_\_\_\_\_ [FOR EYELINER/SMOKEY LASH ENHANCEMENT] I understand that loss of any eyelashes during the healing of permanent cosmetic eye enhancements will result in new eyelash growth over a 4-month period and that eyelash loss is rare and minimal.

\_\_\_\_\_ [FOR EYELINER/SMOKEY LASH ENHANCEMENT] I understand that in rare cases that corneal abrasion can occur during eyeliner procedures.

\_\_\_\_\_ [FOR EYELINER/SMOKEY LASH ENHANCEMENT] I am aware that that if I have had a previous eye disorder or eye infection and receive an eyelash enhancement, the disorder may reoccur again. I agree to use the correct medication to prevent such a disorder recurrent.

\_\_\_\_\_ [FOR EYELINER/SMOKEY LASH ENHANCEMENT] I am aware that even though my vision is not affected by permanent cosmetic eye enhancements I may wish to have someone drive me home.

\_\_\_\_\_ [FOR LIPS] I understand that I may experience dry lips for up to two weeks following permanent cosmetic lip enhancement.

\_\_\_\_\_ [FOR LIPS] I understand that cold sores may occur if I am prone to them.

**INDIVIDUAL CONSENT**

I declare that I give my full consent to the placement of tattoo carried out by the aforementioned practitioner of Roseelashbar, LLC. I confirm that potential complications, e.g. infection and swelling, for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me, and I agree that it is my responsibility to read this and follow the instructions on it until the area treated has healed.

I certify that I have read or have had read to me the contents of this form. I understand the inherent and unforeseeable risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approve the material given to me, and I authorize Roseelashbar, LLC\_\_ to perform on my body the procedure desired today.

I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. 18 years old for tattoos), and that I am not currently under the influence of alcohol or drugs.

**I CERTIFY THAT I HAVE READ, HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.**

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CANCELLATION/RESCHEDULING POLICY**



When an appointment is made, 3 hours has been blocked off for each client and others have been turned away. Canceling or rescheduling within 5 days may not allow Roseelashbar, LLC sufficient time to find someone else to fill in the slot, resulting in forfeiture of monies paid. Please review your schedule thoroughly before booking an appointment. If you need to reschedule your appointment, you must do so AT LEAST 5 days prior to your appointment date. All cancellations/rescheduling within 5 days are subject to a rebooking fee.

- Rescheduling within 5 days – \$25 deposit forfeited- no refunds!
- Rescheduling within 48 hours – \$50 rebooking fee (will not be applied towards current or future services)
- NO CALL/NO SHOW - \$50 rebooking fee (will not be applied towards current or future services)

**\*PLEASE NOTE THAT ALL DEPOSITS ARE NON-REFUNDABLE/NON-TRANSFERRABLE. IF YOU RESCHEDULE A TOTAL OF 2 TIMES BETWEEN THE INITIAL SERVICE AND TOUCH-UP SESSION, YOU WILL NO LONGER BE A CLIENT OF ROSEELASHBAR, LLC.\***

**I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE CANCELLATION/RESCHEDULING POLICY.**

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out the following table with a check to indicate if any of the following relate to yourself.**

Abnormal Heart Condition	Palpitations	
Mitral Valve Prolapsed	Heart Murmur	
Rheumatic Fever	Pacemaker	
Artificial Heart Valves	Anemia	
Hemophilia	Prolonged Bleeding	
High Blood Pressure	Low Blood Pressure	
Circulatory Problems	Diabetes	
Epilepsy	Fainting Spells or Dizziness	
Thyroid Disturbances	Liver Disease	
Kidney Disease	Glaucoma	
Stomach Ulcers	Tumors, Growths or Cysts	
Cancer	Tuberculosis	
Stroke	HIV	
Prosthetic Hip or Joint	Systemic Lupus Erythematosus	
Hepatitis	Shingles	
Seizures	Impetigo	
Cataracts	Blurred Vision	
Dry Eyes	Do you suffer from eye Infections	
Alopecia	Ocular Herpes	
Watery Eyes	Contact Lenses	



Eyelid Surgery	Chapped Lips	
Trichollomania	Recent Hair Loss	
Cold Sores (herpes simplex)	Auto- immune conditions	
Gore-Tex Implants/Silicone Injections	Other Tattoos	
Fat Injections	Bruise or Bleed Easily	
Botox Enhancement	Use of Sun bed	
Dermal Fillers i.e restylane	Date of last eyelash/ eyebrow tint	
Do you have Healing Problems	Chemical or laser peel within 6 months	
Do you scar in a raised manner?	Retin A within 6 months	
Do your scars heal a darker color	AHA preparations within last 2 weeks	
Keloid Scars	Sensitivity to Cosmetics	
Acutance within 6 months	Do you tan regularly?	
Steroids within 6 months	Asthma	

**OTHER CONDITIONS:** \_\_\_\_\_

**Please list any medications you are currently taking or have taken in the past 6 months:** \_\_\_\_\_  
\_\_\_\_\_

**I agree that all the above information is true and accurate to the best of my knowledge.**

**Client Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Client Medical History Form

Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ DL or ID# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone# \_\_\_\_\_

### **Do you presently have or previously had any of the following: (Circle YES or NO)**

**Yes No** History of MRSA

**Yes No** Alcoholism

**Yes No** Abnormal Heart Condition

**Yes No** Tumors/ Growths/ Cysts

**Yes No** Do you give blood?

**Yes No** Pregnant now/ Breast feeding now

**Yes No** Oily Skin

**Yes No** Currently smoke

**Yes No** Take meds (such as numbing injection) before dental work

**Yes No** Difficulty numbing with dental work

**Yes No** Prior to dental procedures, do you receive antibiotic therapy?

**Yes No** Surgeries in the last year?

**Yes No** Cancer (Year: \_\_\_\_\_)

**Yes No** Chemotherapy/ Radiation in the last year?

**Yes No** Accutane or acne treatment (date: \_\_\_\_\_)

**Yes No** Tan by booth or sun (date: \_\_\_\_\_)

**Yes No** Brow or Lash tinting (date: \_\_\_\_\_)

**Yes No** Forehead/Brow lift (date: \_\_\_\_\_)

**Yes No** Face lift (date: \_\_\_\_\_)

**Yes No** Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, fish oil etc. \_\_\_\_\_

**Yes No** Do you have an MRI scan scheduled in the next 3 months?

**Yes No** Do you have a Laser or IPL scheduled in the next 3 months?

**Yes No** Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?

**Yes No** Allergic reaction to any of the following medications: Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc.

**Yes No** Allergic reaction to any of the following: antibiotic ointments, metals, latex, rubber, hair dye, paints, nuts, medication, drugs, foods, crayons, glycerine?

**Yes No** Any diseases/disorders/conditions/allergies not listed? \_\_\_\_\_

### **LIFESTYLE:**

- How many times per week do you work out or go in the sauna (if any)? \_\_\_\_\_
- How often are you in the sun for more than 30 minutes? (i.e tanning, outdoor activities, running, gardening etc.) \_\_\_\_\_
- Do you get facials, peels, microdermabrasions etc? If so, how often? \_\_\_\_\_
- How often do you go swimming? \_\_\_\_\_

**I agree that all the above information is true and accurate to the best of my knowledge.**



Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## CANCELLATION/RESCHEDULING POLICY

Please review your schedule thoroughly before booking an appointment. If you need to reschedule your appointment, you must do so AT LEAST 5 days prior to your appointment date. All cancellations/rescheduling within 5 days are subject to a rebooking fee.

- Rescheduling within **5 days** – **\$25 Deposit** (will not be refunded)
- Rescheduling within **48 hours** – **\$50 rebooking fee** (will not be applied towards current or future services)
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## EYEBROWS AFTERCARE

**Aftercare compliance is very important for producing a beautiful and lasting result. Please follow the guidelines as instructed by your technician to obtain the best results.**

- No water, cleansers, creams, makeup, or any other products on treated area for 10 days or until all peeling is done.
- Keep the area lightly moist using a q-tip with sterile Aquaphor (very lightly and not overly greasy). Apply as needed ONLY when it feels dry or itchy.
- Expect slight swelling and a little redness in the immediate area. This will subside in a few hours.
- If slight crust appears on the pigmented surface, do not force removal by picking or scratching.
- Don't be alarmed if color comes off on the q-tip when applying the ointment -- this is normal.
- Avoid hot, steamy, long showers (leave the door cracked opened if you are able to).
- Avoid working out for the next 7-10 days or until all scabbing has completed.
- No makeup on or around the brow area during the healing process.
- Avoid tinting of brows for 3 weeks following the procedure.
- The procedure may have some peeling on or around the 4th day. This is a normal process of healing for some clients. **DO NOT PICK!** Picking can cause scarring and loss of color.
- Avoid sun for 7 to 10 days following the procedure. It is suggested to wear a hat if you are expected to be out in the sun for a long period of time. Do not let the brim of the hat touch your brow area.
- Be mindful of how you sleep, if you can avoid sleeping on your side or stomach, it is suggested to do so. Sleeping on your back is recommended.
- Avoid chlorine pools, saunas and Jacuzzis, hot yoga, hair dryers, and any steam-like environment etc.
- Avoid Retin A, Renova, Alpha Hydroxy, Glycolic Acids, Aloe, and Vitamin E products.
- No Gardening for the first 3 to 4 days to prevent possible infection.
- If you are planning a chemical peel, MRI, or other medical procedures inform them that you have had an iron oxide cosmetic tattoo.
- You must wait 1 year after any tattoo to give blood. This is state specific – you can check on the American Red Cross to see the rules for your state.
- Lasers can cause pigment to turn black. Avoid the procedure site.
- After you have healed, use a good sunscreen daily to help prevent premature fading of all procedures (wait to do this after your touch up session).
- If any signs of infection occur, abnormal swelling, redness or pain associated with the procedure, call your physician and please give us a call.

**The application of permanent cosmetics can be a 2 to 3 step process. Do not judge your procedure while in the healing stage. It may require a touch up or multiple touch-ups as everyone heals differently. The procedure area has to heal completely before we can address any concerns. Healing takes about 4 weeks.**



## EYELINER/SMOKEY LASH ENHANCEMENT AFTERCARE

**WHAT TO EXPECT:** Immediately after - redness, irritation, swelling, and some bruising is normal. If swelling persists around day 2, you can apply a clean ice pack over the area. Do this every 10 minutes or until swelling has decreased. The area around day 3-6 might appear darker. After the dark stage, the area might begin to peel. Do not pick, peel, or poke the area. Once peeling has occurred, the area will appear dull and foggy. The color will become more vibrant in about 3-4 weeks once everything has exfoliated. Depending on your sensitivity level, we might not be able to achieve the desired thickness in the first session. All adjustments can be made at your touch-up(s) session(s).

- Make sure your hands are washed and clean before touching the eye area.
- Wash the area twice a day with water and Dial Antibacterial Soap.
- Pat the area with an unused paper towel each time.
- Apply a very thin layer of After Inked Tattoo Moisturizer and Aftercare Lotion (provided by your technician) 3-4 times a day for the next 5-7 days. Do not apply an excess amount of After Inked as it may cause an infection.
- If scabbing occurs, do not pick, peel, or poke the area.
- No eye makeup, cleansers, makeup remover etc. except for what is instructed as part of your aftercare regimen.

If any discharge occurs or if your eyelids feel stuck together in the mornings, please contact your technician and physician immediately.

**The application of permanent cosmetics can be a 2 to 3 step process. Do not judge your procedure while in the healing stage. It may require a touch up or multiple touch-ups as everyone heals differently. The procedure area has to heal completely before we can address any concerns. Healing takes about 4 weeks.**