



## Kendra Neal Studio

Permanent Makeup (PMU) Client Consent Form

**Kendra Neal Studio, LLC (hereafter, "the Company") PMU Technician (hereafter, "the Technician") - select your technician: \***

Amy Reyes  
Carlie Cox  
Kendra Neal  
Lizzie Murphey  
Kristy Gaydosh  
Nikki Schroeder  
Tessa Dye

**Service \***

Brows  
Lips  
Brows and Lips

**Service Type \***

Full  
Initial touch-up  
Periodic touch-up

**Location \***

Evans, GA  
Brighton, MI

**\*\*PLEASE READ THIS FORM IN ITS ENTIRETY BEFORE SIGNING\*\***

- I understand that I will have permanent makeup (referred to on this form as PMU) applied using appropriate instruments and sterilizing techniques, that the highest standards of hygiene are met before, during and after the procedure, and that sterile and/or disposable tools and pigment containers are used for each individual client, procedure, and visit.
- If any unforeseen condition arises during the PMU procedure, I authorize the Technician, to use his/her professional judgment in deciding upon what action she feels is necessary in the given circumstances.
- I am aware that PMU lip procedures may aggravate or trigger cold sores in those susceptible to them, and if I have ever had a cold sore in my life, that I should begin taking the appropriate medication in accordance with my physician's instructions.
- I accept the responsibility for determining and agreeing to the color, shape, and position of the PMU procedure as agreed upon during the consultation.
- I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment or the anesthesia
- I understand and accept that pigments are used during the procedure and that the results will fade over

time. Color, consistency, and longevity cannot be guaranteed. I have been advised that annual touch-ups are encouraged to maintain the integrity of the color. No representations have been made to me as to the ability to later restore the skin involved in my PMU procedure to its original condition, and I am aware that it can be costly to remove.

- I have been advised that the healed results will be visible one month after the procedure, and that the pigment may vary according to skin tones, skin type, ethnicity, age, lifestyle, post-procedure care, and general skin condition. I understand that no guarantee on final color can be given. I accept that each procedure is a process that may require multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed from the first procedure, and that I may have to return for a repeated procedure to achieve my desired results.
- Upon completion of the procedure there may be swelling and redness of the skin, which will subside in 1-4 days. In some cases, bruising may occur. I may resume normal activities following the procedure, however, using cosmetics, excessive perspiration, and sun exposure should be limited until the skin has fully healed. I know to refer to the aftercare instructions for more details.
- I acknowledge that my skin is vulnerable to infection after a PMU application, and I am to contact my primary physician if signs of infection are present.
- I understand that position of my PMU procedure(s) can be affected by cosmetic surgery, Botox, Restalyne, Juvéderm, or other cosmetic or surgical procedures.
- I am aware that if I am to have an MRI after the procedure, I must tell the radiologist that I have iron oxide permanent cosmetics.
- I agree to accompany the Technician to the emergency room in the event that her/his skin is accidentally punctured with my needle, take a blood test for their safety, and disclose all test results to the Technician.
- If I have had permanent cosmetics performed previously by another business or provider, I will not hold the Company or the Technician responsible for any undesirable or unexpected results, allergic reactions, or any other contraindications following this, or any future procedures performed by the Technician or the Company.
- I do not have any physical, mental, or medical impairment or disability that might affect my wellbeing as a direct or indirect result of my decision to have the PMU procedure performed at this time.
- I am aware that permanent cosmetic inks, dyes, and pigments have not been approved by the United States Federal Food and Drug Administration, and that the immediate and/or long-term health consequences of using these products is unknown.
- I consent to the taking of photos for the purpose of record keeping & documentation, as well as for educational and advertising purposes.
- If I am unhappy with results, I will not slander the Company or any employees of the Company in any online forum including but not limited to: Google, Yelp, Instagram, Facebook, and Twitter. I will contact Kendra Neal Studio to allow them to work with me to find a solution.
- I am 18 years of age or older, not pregnant, not nursing (breastfeeding), do not have Hepatitis, do not have HIV/AIDS, and am not under the influence of any drug or alcohol at this time.
- All medications and medical conditions have been noted accurately and to the best of my knowledge on my medical questionnaire form.
- I agree to follow all pre- and post-procedure instructions provided and explained to me by the Technician. I confirm that I received a copy of the aftercare instructions and Disclosure and Notice.
- All sales are final, and the Company does not offer any money-back guarantees. Refunds will not be issued for any purchase under any circumstance.
- I understand that tattoos are permanent.

★

I have read and understand the Consent Form in its entirety. I have had the opportunity to ask questions about the procedure and am voluntarily obtaining services of my own free will and volition. I accept full responsibility for any complications which may arise or result from, during or following the PMU procedure(s) that I am about to undergo. I release and discharge the Technician and Kendra Neal Studio, LLC from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my permanent cosmetic procedure.

\*

I HEREBY AUTHORIZE THE TECHNICIAN TO PERFORM THE PERMANENT COSMETIC PROCEDURE(S)  
ON ME.

**Name \***

First Name      Last Name

**Your date of birth \***

Month   Day   Year

**Date \***

Month   Day   Year

**Email \***

example@example.com

**Phone Number \***

Please enter a valid phone number.