

**CONSENT TO APPLICATION OF
MICROPIGMENTATION PROCEDURE**

Permanent Cosmetics by FoxWest and Client agree as follows:

1. Services Provided and Fee

The Client is over 18 years of age and desires the following services, which fee and tax shall be due and payable upon completion of this agreement.

Procedure Lip Fee \$ 650.00 + tax \$57.85 = \$ 707.85

2. Representations / Risks

- a. The services are for the purpose of attempting to improve the client's appearance by placing a permanent non-toxic pigment in the skin. Client knows that the practice of this procedure is not an exact science. Colors may not match perfectly or appear exactly as expected. Client realizes the procedure will probably result in permanent and irreversible color change in the skin area treated. However rare, some of the possible complications resulting from this procedure may include infection, scarring, swelling, bruising, numbness and post procedure discomfort, allergic reaction to one of the pigments or anesthetic agents (topical or oral). Should an unexpected allergic reaction to one of the pigments occur, it may need surgical removal or possible laser treatment which will be the financial responsibility of the client.

(Client initial here _____)

- b. I have been given and agree to follow the after care sheet for my micropigmentation procedure. Over the months and years following the procedure, softening, lightening or a change of color of the pigment may occur. The use of acid or Retin-A (also found in some wrinkle creams) may lighten the color. I understand 1 touch up within 6 months is available at no cost. There will be an additional fee for touch up work after 6 months.

(Client initial here _____)

- c. Client gives consent to the use of "before and after" photographs in portfolio for marketing purposes.

(Client initial here _____)

3. Release of Liability

Client understands that FoxWest is and cannot be held responsible for other and all treatment applied on or around the procedure areas after micropigmentation. Client understands that any laser treatment later performed on or near an area where services were rendered will cause discoloration to the procedure area.

Client releases and holds FoxWest harmless from any and all injuries, costs, loss of services or damages occurring to Client as a result of the services rendered to Client with this appointment and/or treatment and any other future treatments. This release expresses a full and complete settlement of liability claimed and denied, and regardless of the adequacy of the compensation. Client understands this procedure is elective, and alternatives exist.

The nature and effects of this procedure and risks involved have been explained to Client, and Client understands and acknowledges them in giving this consent. All of Clients questions have been answered. Client understands this is a legal document.

Client _____ Date _____.

Sharon L Fox _____ Date _____.