

CONSENT & RELEASE

ANNUAL TOUCH UP



Name: _____ Phone: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

This is a (*select one*):

- Perfection Session
- Touch Up within 12-18 Months

I would like to discuss the following changes: _____

YES NO I consent to having my before and after photos taken for marketing purposes.
(*social media, website, advertising, etc.*)

By signing here, I certify that I am at least 18 years of age and give my full consent to the procedure selected above.

Signature: _____

Print Name: _____ Date: _____

TO BE FILLED OUT BY ARTIST

Ink Color: _____ Ink Lot #: _____

Machine & Needle Cartridge: _____

_____ I accept the responsibility to explain to Janelle my desire for specific colors, shape, and position for any procedure done today.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session.

_____ I acknowledge that the proposed procedure(s) involve risks inherent of the procedure, and have possibilities of complications during and/or following the procedure such as, but not limited to: infection, allergic reaction, misplaced pigment, poor color retention, hyper pigmentation, scarring, inconsistent color, spread, fanning, or fading of pigments.

_____ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue. Touch-ups must be completed after 8 weeks of initial procedure.

_____ I acknowledge my receipt of written instructions advising me of proper care of my Lip Blush treatment and recognize the necessity to follow those instructions.

_____ I agree to release and discharge and hold harmless Modern Brow artists, associates, and agents from any and all claims, damages, or legal action arising from or connected in anyway with my tattoo or the procedure and conduct used to apply my tattoo and any and all tattoos applied by the tattoo artists, associates, and agents in the future.

_____ I certify that I have read the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize Janelle Lind to perform on my body the Lip Blush procedure desired today.

_____ I understand the results are not guaranteed and this procedure is elective.

_____ I consent to my before and after photos to be used for marketing purposes.

By signing below, I agree that the above information is true and correct to the best of my knowledge. I am aware that this procedure does not guarantee specific results.

Signature: _____

Print Name: _____ Date: _____

TO BE FILLED OUT BY ARTIST

Ink Color: _____ Ink Lot #: _____

Machine & Needle Cartridge: _____