

Lip Cosmetics Client Sheet

Lip blushing is a semi-permanent cosmetic procedure that enhances natural lip beauty, particularly beneficial for mature lips lacking pigment and definition. It addresses issues like pale, uneven tones, and lack of definition. This service enhances natural color, adds definition, and creates fuller-looking lips. It's waterproof and smudge-proof, lasting up to 2-5 years. Safe for all skin types, lip blushing is suitable for everyone seeking luscious, long-lasting results.

Client's Name _____ Date _____

Address _____ DOB _____

Cell phone number _____ (for appt. confirmations/reminders)

Email _____

How did you hear about us? Walk-in Search Engine Google Ads Social
 Other _____

Health History

Have you ever had a blister or cold sore? Yes / No

If Yes, contact your physician for a prescription of ZOVIRAX, Or get some other ANTIVIRAL Cold sore medicine over the counter.

Are you Pregnant or Nursing? Yes / No

Are you currently undergoing Radiation or Chemotherapy? If so, Explain how for how long:

Are you presently taking any medication that thins the blood? Yes / No

DO YOU HAVE A HISTORY OR SUFFER FROM OF THE FOLLOWING CONDITIONS:

AIDS OR HIV / HEPATITS (B, C, A, D or E liver disease.)? If So, Which one?

Do you suffer from Cancer? - If so, Explain which type? _____

Do you currently still suffer from this? Yes / No How long ago?

Do you suffer from KELOID OR HYPERTROPHIC SCARS IF SO, WHERE?

Do you suffer from BLISTERS OR ECZEMA AT THE SIDE OF THE LIPS? Yes / No

Please read the statement below and sign that you understand and agree:

HEALING PROBLEMS / SKIN DISEASES /

To the best of my knowledge, I don't 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 treatment done at this time. I certify that I am over the age of 18 and not under the influence of narcotics or alcohol.

I understand that micropigmentation is an art process and not an exact science and that every client heals differently. I am aware that my lips may appear darker by 50% during the first week following the treatment.

I understand and accept that each treatment is a process requiring multiple applications of pigment to achieve desirable results. and that 100% success cannot be guaranteed as every skin type is different, i understand that's why I need to return for a touch-up 4-6 weeks later before my procedure can be deemed complete.

Client Printed Name

Client Signed Name

Date

Permanent Makeup Procedure Fees and Policies

Please read **thoroughly and carefully** and **initial** or sign where indicated.

- ★ I understand that I accept full responsibility for the decision to have this cosmetic procedure.
- ★ I understand that if I fail to cancel my appointment within 24 hours, the \$50 deposit made is **non-refundable**. Due to the considerable time being reserved for you, procedures are appointment-based only but can be rescheduled.
- ★ The cost of the _____ procedure is \$ _____ – includes the initial session with an additional required touch-up _____ weeks later for \$ _____.
- ★ Please do not book this appointment if you are not **100%** sure that you want to have this procedure done! It is okay to take your time to think about it.
- ★ If you do book the appointment and **cancel** for any reason, your deposit fee will **NOT** be refunded.
- ★ We understand that schedules sometimes change. If you need to **reschedule** your first initial appointment for any reason, you may keep your deposit on the appointment **if we are given 2 business days' notice**. Suppose we do not have 2 business days' notice. In that case, **we will, unfortunately, need to collect another \$25 deposit** to schedule another session, as a short notice rescheduling does not give us enough time to fill the spot and we value our artists' time.
- ★ Scheduled appointments for the touch-up procedure require 24 hours notice for cancellation or rescheduling!

_____ I acknowledge that I have read and fully understand the policies.

_____ I understand that if I cancel this appointment, I will not get the \$50 retainer fee back.

_____ I understand that if I need to reschedule the appointment, I need to give a minimum of 2 business days' notice, otherwise I will be required to pay an additional \$25 retainer fee to reschedule the appointment.

_____ I release Trendy Lash Styles, Glamour Salon LLC, and its representatives and licensed technicians of all claims and injuries, seen or unseen that may occur as a result of this procedure.

By signing this form, I am acknowledging that I have read and fully understand the policies. Any questions I have regarding the policies have been answered and explained to me.

Client Printed Name

Client Signed Name

Date