

Touch Up-Color Refresh Policy

All Full Price New Procedures clients receive one Follow up visit for \$50 with your initial price *per procedure* .

You must wait at least 30 days before you can be touched up. You **MUST** have your touchup within 90 days of your initial visit.

Anyone **not** having their touchup done within 90 days will have to pay a full Color Refresh fee for their follow up.

Color Refresh fees are ½ the full current price per procedure.

Signed_____Date_____

Print Name_____

Date you must have your touchup by_____

Color refresh fee if applicable after 90 days_____

Staff Signature_____Date_____

Asheville Permanent Makeup Clinic
131 McDowell St Suite 202
Asheville NC 28801 828-255-5554

*Touchups are only applied to FULL PRICE PROCEDURES. You DO NOT get a touch up with Color Refresh appointments.

Client Contact Info

Date _____

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Who referred you? _____

Date of Birth _____

Age _____

Would you like to receive email updates / newsletters and specials?

Yes _____

We do not sell our mailing list, but you may receive mailings from Asheville Permanent Makeup Clinic or Beauty Through Cancer as part of Asheville Permanent Makeup's mission to help cancer patients.

Client History

Physician's Name? _____ Phone? _____

Please List All Medications You Are Taking _____

Please List Any Allergies To Medications _____

Please circle and explain all that apply:

Are you pregnant? No Yes _____

Have you had alcohol in the last 24 hours? No Yes _____

Have you had cold sores or fever blister? No Yes _____

Have you had permanent makeup or tattoos before? No Yes _____

Have you had chemical or laser peels in the last 6 months? No Yes _____

Do you have any allergies to latex? No Yes _____

Do you bruise easily? No Yes _____

Do you use Retin-A or Glycolic products? No Yes _____

Do you wear contact lenses? No Yes _____

Do you have any trouble healing from small wounds or scratches? No Yes _____

Do you use tobacco? No Yes _____

Do you have a heart condition? No Yes _____

Are You Diabetic? No Yes Type 1 Yes Type 2 _____

Do you have an auto-immune disorder? No Yes _____

Are you sensitive to hand lotions or creams? No Yes _____

Do you have your lips injected with fillers? No Yes _____

Are you menstruating? No Yes _____

Do have dark spots from the sun? No Yes _____

Do forms thick scars after a cut? No Yes _____

Do you have any conditions that cause seizures? No Yes _____

Do easily become faint or dizzy? No Yes _____

Do you bleed easily from minor cuts? No Yes _____

Do you have prosthetic implants? No Yes _____

Do you take aspirin daily? No Yes _____

Are you being treated for depression? No Yes _____

Are you sensitive to petroleum based products, Vaseline type? No Yes _____

Do you have Botox injections? No Yes _____

Are you undergoing radiation or chemotherapy? No Yes _____

Have you ever used Accutane? Are you using it now? No Yes _____

Are you wearing a pacemaker? No Yes _____

Do you take non prescription drugs? No Yes _____

Are you anemic? No Yes _____

Are you allergic to traditional makeup? No Yes _____

Do you have trouble numbing at dental visits? No Yes _____

Do you have dry eyes? No Yes _____

Do you tan? No Yes _____ How often? _____

Do you have any history of cancer personally? No Yes _____

Do you have glaucoma, cataracts, or any other eye conditions? No Yes _____

Do you have arthritis? No Yes _____

Do you have high or low blood pressure? No Yes _____

Do you have sinus problems? No Yes _____

Do you have any type of hepatitis? No Yes _____

Do you get headaches or migraines? No Yes _____

Are you sensitive to bright light? No Yes _____

Please List the procedures you are having today_____

Please List any questions or concerns you may have about your procedure so they may be addressed before your procedure begins.

The following is a consent for permanent cosmetic procedures, please read carefully and sign or initial where needed:

I _____ understand I may or may not have an allergic, or negative reaction to the pigments or anesthetics used in my permanent makeup procedure, either immediately or in the future. I will not hold Asheville Permanent Makeup Clinic, Earleen Bennett or her estate liable for negative reactions as they can not be predicted. I understand this is an elective procedure and I choose to have cosmetic tattooing done at my own risk.

I understand before and after pictures must be taken and may be used in advertising, portfolios or on website and published materials. I choose to have the following type photos used:

(Initial Below)

Full Facial Features No restrictions_____

Procedure area only, No Full Face Photos_____

I have advised Earleen Bennett of ALL medications I am taking at appointment time. I acknowledge I am of sound mind and not under the influence of alcohol or mind altering drugs.

I understand This consent form will be used for all present and future procedures done at Asheville Permanent Makeup Clinic by Earleen Bennett and I will not have to sign a new consent for future appointments.

I understand this is a tattoo procedure, and that is an art as well as a science. I understand that the exact length of time my makeup will last cannot be predicted and will be different for each client. I understand I WILL need touch up appointments in the future to retain color.

I understand more than one appointment may be needed. I understand the policy of a \$50 charge for touchups within 90 days of initial appointment. I understand if I do not have the \$50 touchup appt within 90 days of initial appt I will be charged full touchup price.

I understand full payment is due at initial appointment time of service.

I understand I must be pre medicated for cold sores if I have ever had an outbreak and it is my responsibility to obtain prescriptions from my doctor and take them as advised by him or her.

I understand it is my responsibility to discuss medication changes with my physician in the case a medication interferes with a procedure being performed. I understand I may need a release from my physician for certain procedures if so deemed necessary by Earleen Bennett.

I will adhere to all pre and post procedure instructions. I understand my failure to do so may jeopardize my chances for a successful permanent cosmetic procedure.

I understand if I have any laser procedures or certain cosmetic surgery procedures done in the future it may alter the placement or coloring of my permanent cosmetics. These changes may not be correctable .

I understand lifestyle choices such as sunbathing, use of exfoliating products, glycolic peels, smoking and certain medications can change the appearance of my permanent cosmetics and may make it necessary for more frequent color touch ups.

I ACCEPT FULL RESPONSIBILITY FOR THE DECISION TO HAVE COSMETIC TATTOO PROCEDURES PERFORMED:

CLIENT SIGNATURE _____ Date _____

PRINT NAME _____

Technician Signature _____ Date _____

Asheville Permanent Makeup Clinic
131 McDowell St Suite 201
Asheville NC 28801
Owner Earleen Bennett

Asheville Permanent Makeup Clinic - Policies

Each **FULL PRICE NEW** procedure allows for ONE touch up visit at a charge of \$50 Tray Set Up Fee **within 90 days of initial service.**

Returning established client fees for retouching color after 90 days is 1/2 the full procedure price posted at that time. Any returning client must pay full price after a 5 year period, or if all color has faded. A consultation may be necessary to establish price before your procedure.

If you are not an established client with a file in our clinic, you must pay full price even if you have had a service in the past from another technician. Discounted one time touch up fees are **ONLY** for established clients.

There will be a \$50 minimum tray set up fee for any small services or time booked other than the \$25 consultation.

No Show appointments will be charged \$50 to reschedule appointment.

No One under the age of 18 will be tattooed .

You will be given consent and medical forms which **MUST** be completed and signed before any tattooing will be performed. Please **READ** the forms before you sign them as there are risks to any procedure.

You will be given after care instructions to follow, please read and follow all instructions to assure a good outcome.

***There is NO GUARANTEE on how long your permanent makeup will last.
You WILL need touchups in the future to keep you color looking fresh.***

Your procedure time is not a social occasion, no one is allowed in the procedure room at the time of your procedure, there is a waiting area.

Exceptions may be made for breast cancer patients during areola pigmentation.

I reserve the right not to tattoo anyone who does not comply with these policies, or arrives at their appointment intoxicated or impaired in any way.

I may need to contact your physician for certain health matters before a procedure is performed and I may require a written release from your doctor if I think your health may impact your procedure.

The clinic accepts cash, checks, Visa, and MasterCard .
Policies and pricing are subject to change without prior notice.
Please see our website for current policies.

Asheville Permanent Makeup Clinic
131 McDowell St Suite 202 Asheville NC 28801
www.ashevillepermanentmakeupclinic.com