



Jacksonville Permanent Makeup Studio

PREVIOUS TREATMENT OR SCARRING RELEASE FORM

PLEASE READ THE FORM FULLY AND SIGN AT THE END

I have indicated to Jacksonville Permanent Makeup Studio that I have had previous PMU treatment or I have scarring from an injury, surgery or other reason, and therefore cannot be guaranteed the same level of quality as someone who is receiving treatment for the first time. While it is entirely possible that my new treatment will be beautiful, I understand the additional risk and I agree not to leave a negative review if I am not completely satisfied with the work performed by Jacksonville Permanent Makeup Studio.

Please indicate which previous PMU treatment you have received:

- Eyebrow Tattoo
- Eyebrow Microblading
- Eyebrow Microshading
- Eyebrow Combo
- Other treatment
- Scarring from injury, surgery or other reason. Please Specify _____

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE ABOVE CONSENT, LIABILITY AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THERE IN REFERRED TO WERE MADE AND ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROBLADING PROCEDURE. THE TREATMENT IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT, PRE-PROCEDURE FORM AND POST PROCEDURE GUIDELINES. I HEREBY AUTHORISE THERAPIST ELINA WELCH TO PERFORM MICROBLADING PROCEDURE ON ME.

Client Name: _____

Address: _____

Date of Birth: _____

X _____ **Date** _____