Micro pigmentation: I have been counseled by Chong Eason with regard to the procedure of implanting color pigments and or inks for the purposes of cosmetic and or corrective makeup. I have been counseled specifically with regard to possible allergy to A) Local Anesthetics or their preservatives and to B) Pigments (especially red and yellow) and latex allergy. I will report any adverse reactions following my procedure to Chong Eason without delay. I understand and agree that my desired procedure is a form of tattooing and is an elective cosmetic procedure and not medically necessary. I understand that the final color cannot be guaranteed but that Chong Eason will make every effort to provide a pleasing result. I understand that Chong Eason cannot be responsible for any time lost from my work.

I am over 18 years of age and hereby authorize Chong Eason to apply permanent cosmetics, also known as tattooing to me. I elect to have this procedure performed understanding that it is for cosmetic purposes. I understand this procedure is not easily reversed if at all. Typical results have been explained to me; however, complications may occur and no guarantee is expressed or implied as to the final result of the procedure. I understand that procedures involving the eyelids have a risk of corneal abrasion or sensitivity to light and infection does occasionally occur. All pigments used by PCBC are either organic or inorganic or a blend of both and that the FDA has not approved cosmetic or tattoo pigments.

I have informed Chong Eason of any physical or psychiatric health problems that would prevent me from having this procedure performed and I know of no reason why I should not have this procedure performed on me. I understand that temporary redness, swelling, bruising and discomfort occur from this procedure and that pigment color cannot be guaranteed due to tone, color and texture of my skin. Possible complications that could occur include, but are not limited to, risk of infection, allergy or sensitivity to pigment or local anesthetics and inconsistent color and possible fading as explained to me by Chong Eason. I have been given pre and post procedure instructions and will follow those instructions. I will also seek medical attention as prescribed by Chong Eason if necessary and understand that I am responsible for the full payment of expenses incurred in the event that this is necessary. I give my permission to photograph my face and this photograph may be used by Chong Eason in her portfolios and website for educational and advertising or lecturing purposes without any present or future payment to me.

This cosmetic, elective, non-medical procedure is being performed under standard sanitizing and sterilizing methods recommended by the Center for Disease Control. PCBC disposes of all probes used once on a client in front of that client. The device for implanting pigment that PCBC uses can be disassembled and the non-motor parts are discarded.

In consideration of Chong Eason solely, or together with her apprentice, providing me the service requested, I for myself, my spouse, legal representatives, heirs and assigns, hereby release, waive and discharge Chong Eason (permanent Cosmetics by Chong) from liability for, loss or damage on account of, injury to my person either physically or emotionally. I understand that I understand two to three procedures may be necessary to achieve the desired effect and agree to complete my treatment and payment plan.

I expressly agree that this consent, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of North Carolina, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have read this consent and understand all its terms and execute this release voluntarily and with full knowledge of its significance. I have been provided with instructions how to care for my tattoo and have no further questions.

My reason for seeking (          ) permanent cosmetics or corrective tattooing

____________________________________
Date___________ Signature______________________________________________________________

E-Mail______________________________________________________________
Disclosure and Consent for Tattoo and Dermal Procedures

I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and injections may alter and degrade my permanent makeup. I further understand that such changes are not the fault of (Chong Eason). I further understand that such changes in my appearance may not be correctable through other permanent makeup procedures.

Payment and Refund Policy

The client agrees to pay a non-refundable deposit of $50, which is due upon the scheduling of the procedure. The balance of the fee is due and payable by the start of the procedure.

If Chong Eason starts your procedure and you decide not to go through with the procedure due to any circumstance, your payment will not be refunded or if at the time of the procedure you have Chong Eason stop and want to reschedule for a later date you are subject to additional charges for labor, time, and products. If you can’t make your appointment, you must call at least 48 hours in advance to avoid loss of your deposit.

__________________________________                            _____________
Signature                            Date

Procedure_________________________
**Permanent Makeup Facts & What to Expect**

1. **The Day After:** When your new makeup is completed it will appear too dark. This is temporary. You are seeing pigment in both layers of your skin (epidermis and dermis). The top layer of your skin sheds and renews itself every few days and with this natural process the pigment in the top layer will peel off. This initial dark look will not last. Only the color in the dermis (second layer of skin) will be long lasting. If you are happy with your new permanent cosmetic color and darkness when you leave your first session, then you will be unhappy within one to three weeks. For this reason, it is important for you to be patient and let your skin heal.

2. **Permanent makeup** is a layering process of carefully implanting microscopic colors into the dermis. In cases of camouflaging scars and corrective makeup the goal can only be achieved through repeated applications and refinements to the previous applications after healing. Most people usually want LESS makeup rather than MORE. This is common because it is better to apply LESS makeup than TOO MUCH. A rule of thumb is: eyebrows lose 20% of their original color, eyeliner loses 20% of their original color, and lip liner/lip color lose 30% of their original color.

3. **Healing:** For the first 2-3 days following eyebrows and eyeliner applications. And for the first 3-7 days following lip liner or lip color, you will have swelling, redness and tenderness in the area of your newly applied makeup. It is important to pamper your new makeup and keep a protective veil of petroleum jelly over the affected area. This prevents scab formation and drying, which can lift out the newly implanted color. Wear sunglasses and sun screen when outside.

4. **Touch-up Visit:** This is exactly what the name implies. Your permanent makeup will more likely than not need to be touched up within the first year following your initial one to two visits. The goal of this visit is to fill in any areas that need enhancement. Often times this is the “cupids bow” of the lips or areas of eyeliner or eyebrow makeup that have healed with a loss of pigment. Every person is unique and we cannot predict how your makeup will appear. Be assured that I will do my very best to make you happy with your investment in permanent makeup. Your cooperation is vital.

**AGREEMENT:** I have read the permanent makeup facts and desire the application of permanent makeup. I will cooperate with Chong Eason and/or her staff during the application of my makeup and understand that the desired result is a process which may require second applications or more as may be necessary including, changes in shape and color of makeup. I am eighteen years or older and have no reason to believe that I should not have permanent makeup applied. I understand that the process is permanent (or not) and it is difficult or almost impossible to remove completely.

Signature________________________________________

Print
Last Name_______________________ First Name________________________

Procedure Date___________ Procedure________________

YOU WILL NOT BE ABLE TO DONATE BLOOD FOR ONE YEAR.* READ ALL MATERIAL THOROUGHLY.* AVOID ALCOHOL AND EAT PROPERLY FOR 24 HOURS BEFORE PROCEDURE.* ASK ANY QUESTIONS YOU HAVE BEFORE TREATMENT.* THERE IS NO SUCH THING AS A STUPID QUESTION.
10 PRE PROCEDURE INSTRUCTIONS

1. Use basic soap and no moisturizers for several days prior to your procedure. Allow 2 hours for your makeup procedure. Do not take any medications prior to coming. Eat well before procedure.
2. If eyeliner procedure, have someone drive you home and not operate a vehicle yourself for 8 hours.
3. Do not wear contact lenses, as you will not be able to wear them for 48 hours.
4. Do not tweeze, wax or have electrolysis or get sunburned for one week prior to treatment.
5. Lip liner and full lip clients are advised to take Valtrex prior to appointment. Dosage: 2x day for 7 days.
6. If you have had fever blisters in the past you MUST obtain a prescription for Valtrex prior to procedure.
7. If you are a lip client, and have Mitral Valve Prolapse, you MUST obtain a prescription for Prophylactic Antibiotics.
8. Do not use aspirin or ibuprofen (Advil) for 2 weeks prior to treatment. Use Tylenol.
9. You can take extra vitamins and calcium prior to your appointment to help healing and reduce swelling.
10. Do not take codeine prior to treatment. You can take Benadryl unless you have a Thyroid disease.

10 POST PROCEDURE PROTECTIVE INSTRUCTIONS

1. Clean area several times a day by splashing cool water the reapply petroleum jelly for 4-7 days. If any itching occurs, do not scratch. It is natural that some flaking will occur. DO NOT PICK / SCRATCH FLAKES OR SCABS.
2. DO NOT go into sun or swimming pool for 2 weeks. If you do go into the sun use an SPF 15-25 to protect your face.
3. Take Advil or Tylenol as necessary for discomfort. Cold packs to the procedure area can be used for the first 24 hours.
4. You may shower on the day following the procedure as usual.
5. You can expect swelling, redness, bruising, and blood shot eyes following eyeliner procedure. Please call Chong Eason at (704)453-3202 if you have any questions.
6. Operate a motor vehicle after the procedure at your own risk. DO NOT look into the rearview mirror at your new makeup. Wait until you get home.
7. If eyeliner procedure is done then a new tube of mascara is a MUST.
8. Lip liner clients should continue to use Lysine (2 times a day for 7 days) or Zovirax according to your doctor’s directions.
9. RETIN-A and facial peels may remove permanent cosmetic color, so avoid applying these over your permanent cosmetics.
10. If you have any questions or concerns, call Chong Eason.

NOTE: Treated area should be surface healed within 5-7 days however some individuals may take longer. It is normal to lose approximately one third of the color of the full lip and up to 20% of the eyebrows and eye liners, during the healing process. When you leave today, the color may be a shade too dark, in 3-5 days it will look too light (on lips, some believe they have lost the color). In a week to 10 days following your treatment the color will begin to show more. The color will appear soft and gentle when healed completely because the new outer skin will contain no color and you will be seeing the color in the dermis inner skin through the new dermis.

Signature___________________________________ Date____________

Print
Last Name______________________________ First Name____________________ MI_____
PERMANENT COSMETICS BY CHONG, LLC

Date:________________________________________

Name:______________________________________________________________________________

Address:____________________________________________________________________________

City:________________________________________ ST:____________________

Zip:________________________________________

E - Mail:____________________________________________________________________________

Mobile phone:_______________________________________________________________________

Referred by:________________________________________________________________________

Fees Discussed:______________________________________________________________________

Procedure Requested: Eyebrows  Eyeliner  Full Lips  Areola  Scar Camouflage  Other:

LIST ANY AREAS OF CONCERN:________________________________________________________________

Procedure Started at: Procedure Completed at:____________________________________________

Date  Procedure  Pigment(s)  Mach.& Needle(s)

Anesthetic(s) used____________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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Note(s):______________________________________________________________________________

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