



Informed Consent for Permanent **Belle La Vie**  
Microblading

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I \_\_\_\_\_ attest that I am over the age of 18, am not under the influence of drugs or alcohol, and understand that this procedure is for cosmetic purposes only and not for health reasons. If any unforeseen conditions arise in the course of this procedure calling for his/her judgement for procedures in addition to, or, different from those now contemplated, I further request and authorize him/her to do whatever necessary in the circumstances. I am aware that the pigments used are non-toxic and no guarantees have been made to me concerning the results of the procedure, and do realize that the technician has no control of how my cells regenerate and understand that healing results may vary. I understand that 100% success cannot be guaranteed during the first procedure and may require multiple applications to achieve desired results. I understand some skin types accept pigment more readily and no guarantees on exact color can be given. I accept that the true color will be seen one month after each procedure, and the pigment can vary according to age, skin type, and skin condition. I also agree to follow the post op instructions that were given for the best possible results, or relinquish my right to my future touchups with BelleLaVie Beauty Bar.  
Initial x \_\_\_\_\_ Date \_\_\_\_\_

I have been informed that the sterile, disposable needles and pigment containers are used for each individual client/procedure. I also understand that the permanent skin pigmentation procedure carries with it the possible complications and consequences associated with this type of cosmetic procedure, which includes the risk of infection, scarring, eye damage, inconsistent color, hemorrhage, and possible spreading, fanning or fading of pigments and or allergic reaction (possibly delayed) to any of the product used. I understand that the actual color of the pigment may be modified slightly due to the tone and color of my skin. I fully understand as with all such procedures that this is not only a science but also an art and that anything that can go wrong may go wrong. I request the permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure as well as the possible complications and consequences of the said procedure. I also understand that there are no refunds and all sales and deposits are final. Initial x \_\_\_\_\_ Date \_\_\_\_\_

For the purpose of documentation, I also consent to the taking of before, during and after photographs/videos of the PMU procedure which becomes the technician's sole property and may or may not be used for whatever purpose deemed necessary. Understand the permanent skin pigmentation procedure, the permanency of the procedure, the possible consequences of the procedure, and that the procedure is for cosmetic purposes only. I hereby authorize \_\_\_\_\_ to perform the permanent skin pigmentation procedure(s). Initial X \_\_\_\_\_ Date \_\_\_\_\_

Notice: By signing this contract you are releasing Kim Steinhauser or Belle La Vie LLC from any liability and you also agree to have any issue of permanent cosmetic make-up (PCM) malpractice decided by neutral arbitration and you are giving up your right to a jury or court of trial.

I certify that I have read and initialed the above paragraphs and have had explained to me and full understand the above consent and procedure permit; that the explanations therein referred to were made and I fully accept responsibility for these and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement.

Client  
signature\_\_\_\_\_