

FORINA

Aesthetics

TREATMENT CONSENT FORM

Name:- _____ Date of Birth:- _____

Address:- _____

I certify that I am over the age of 18 years and that I am not under the influence of either drugs or alcohol. I can confirm that I know of no medical reason why I should not have this treatment and that all questions on the medical form have been answered honestly and truthfully.

I confirm that I have had a patch test and I am not aware of any adverse or allergic reaction having occurred. I have been given both pre and post operative instructions to which I will strictly adhere to. Should I develop any adverse reactions I am aware that I will need to contact my doctor and follow their instructions.

I agree with the shape and colour that has been chosen. I understand that the colour may, at first, appear darker than agreed but that up to 50% of colour will fade within the first 7 to 14 days of the initial treatment and that further treatment(s) may be needed to achieve the correct balance. I have been informed that the treatment is permanent, although it may fade as the skin regenerates and new skin replaces the older skin, but nonetheless it will always remain visible to a greater or lesser degree. Pigment will always remain in the skin although it may not be visible to the naked eye.

I understand that Microblading and all Semi Permanent Make-Up are a form of tattooing and therefore carry with it possible consequences associated with this type of procedure, including, but not limited to, infection, scabbing and inconsistent colour spreading of the pigments. I understand that in view of the nature of this treatment the visual end result and / or the longevity of the treatment cannot always be foreseen and therefore cannot be guaranteed. I am aware that 70% of the treatment's success is based on following the correct and precise aftercare as described by my technician. Because of these reasons I understand that Forina Aesthetics cannot offer any reimbursement or compensation of any kind should the treatment not be as expected or should any new medical or skin condition arise because of it, during or after the treatment.

It is the client's responsibility to disclose any known facts about any medical condition(s) and/or any medication that they may be taking. Not only can these factors influence the result of the treatment but it may force the technician to stop the procedure prior to completion due to complications. I certify that all information relating to my health is accurate and up-to date.

I understand that my practitioner is required to take photographs of the treatment area/s before and after every procedure (including the drawing and shaping of the brows) and agree to this being done. Your photo(s) may be used for marketing purposes, on social sites and on promotional material. Please make your practitioner aware should you prefer for this not to happen.

I have read all of the above and can confirm that I know of no reason why I should not proceed with the treatment. I understand all of the above and I hereby give my full consent to the treatment being performed.

MICROBLADING MICROBLADING & SHADING | OMBRE | POWDER: £349

TOP-UP TREATMENT: (INCL) TOUCH-UP TREATMENT: £99 YEARLY TOP-UP: £199

The treatment fee is payable on or before the date of the treatment. Any further or additional top-ups or adjustments required following your treatment(s) will be charged separately as extra additional treatments.

Prices are subject to change without prior notification.

SIGNATURE:- _____ DATE:- _____