

Lasting Lines

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CONSENT TO APPLICATION OF PERMANENT MAKEUP PROCEDURE

NAME _____ DATE _____ DATE OF BIRTH _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ HOME PH _____ WORK PH _____ CELL PH _____
 EMAIL _____ **Used for business only not advertising.**

I _____ am over the age of 18, am not under the influence of drugs or alcohol and desire to receive the indicated permanent cosmetic procedure and I understand the general nature of cosmetic tattooing. _____ **initial**

20% Discount if two first-time, **FULL** procedures are done at the same time for one person, which include **Upper and Lower Eyeliner***, **Eyebrows***, **Full Lip*** and **both Areolas***. (Touch-ups are not included)

PROCEDURE	PROCEDURE COSTS (check box)	TOUCH-UP COSTS (check box)
Eyebrows*	\$550	\$100 - \$300
Eye Shadow (can only be applied up to 1/4" above the eyeliner)	\$550	\$300
Eyeliner (upper and lower)*	\$550	\$300
Eyeliner (upper)	\$325	\$200
Eyeliner (lower)	\$275	\$175
Lip Liner only	\$450	\$300
Full Lip*	\$590	\$400
Areola (each) - [having both done is considered a full procedure*]	\$300 (each)	\$200
ADDITIONAL INFORMATION:	Additional charges:	
	Total Costs of Procedure(s):	

NO. OF VISITS REQUIRED: _____ **Additional charge if more visits are required.**

CLIENT AGREEMENT

- -I understand the permanent skin pigmentation procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments and allergic reaction. I understand the actual color of pigment may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not a science but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s) _____ **initial**
- -I will strictly adhere to all pre- and post-procedure instructions. If I have ever had cold sores, I will consult with and strictly follow my doctor's instruction before contemplating any permanent cosmetic procedure around my lips. _____ **initial**
- -I understand the taking of before and after photographs of said procedure(s) are required. I certify that I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit.
- -May I have your permission to use your before and after photos for any form of advertising? Only the procedure area will be used in the photograph.
- **initial** for YES _____ NO _____

A 48 hour cancellation notice is required.

Client Name _____ Date _____

Technician Name _____ Date _____