

1. PERMANENT MAKEUP CLIENT AGREEMENT, INFORMED CONSENT & SERVICE ACKNOWLEDGMENT

595 Blossom Rd A, Rochester, NY 14610-1825

New York · Permanent Makeup / Cosmetic Tattoo Services

PART I — CLIENT & PROCEDURE INFORMATION

1. Parties and procedure information

This Permanent Makeup Client Agreement, Informed Consent & Service Acknowledgment (the "Agreement") is entered into between the permanent makeup artist/studio identified below (the "Artist") and the client identified below (the "Client").

Artist / Studio Legal Name: **Svetlana Popova, sole proprietor**

Client Full Legal Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Procedure / Treatment Area: _____

Technique: _____

Appointment Date: _____

Quoted Service Price: _____

Booking Deposit, if any: _____

Balance Due: _____

PART II — CLIENT SERVICE TERMS

2. Nature of the service

Permanent makeup is an elective cosmetic tattooing procedure involving controlled penetration of the treatment area and implantation of pigment using professional equipment and appropriate pigment-handling procedures.

Depending on the procedure selected, the service may include:

- consultation and assessment of the treatment area;
- design or mapping;
- color and pigment selection;
- preparation of the treatment area;
- topical anesthetic when appropriate; and
- controlled pigment implantation.

Before pigment implantation begins, the Client will have an opportunity to review the proposed design, placement, shape, color, and general treatment approach applicable to the selected procedure.

The Client understands that permanent makeup is performed on living tissue and involves biological variables that cannot be completely controlled by the Artist, including skin or tissue characteristics, individual healing response, pigment retention, previous procedures, scar tissue, ultraviolet exposure, aftercare, lifestyle factors, and individual physiological response.

Accordingly, the Artist does not guarantee:

- exact mathematical symmetry;
 - an exact healed color;
 - a particular percentage of pigment retention;
-

- a particular healed density;
- complete absence of fading or color change;
- identical pigment retention on both sides of the treatment area; or
- a specific duration of the visible result.

3. Age requirement

The Client represents that the Client is at least eighteen (18) years of age.

The Artist may require valid government-issued photo identification before performing the procedure.

Permanent makeup / cosmetic tattooing will not be performed on a person under eighteen (18) years of age.

Government-issued photo identification verified by the Artist: ☐ yes — type of identification: _____

Date of birth confirmed against that identification: _____

4. Service price, booking deposit and payment

The Client will be informed of the applicable service price, booking deposit, cancellation and rescheduling requirements, and any separately charged touch-up or additional service before payment.

A booking deposit, when required, reserves appointment time and is credited toward the scheduled service unless otherwise disclosed to and agreed by the Client before payment.

No additional service or charge will be represented as included in the quoted service unless expressly included or otherwise agreed in writing.

5. Cancellation, rescheduling and no-show policy

The Client must provide at least 48 hours' notice to cancel or reschedule an appointment.

Subject to the Studio's Booking, Cancellation & Refund Policy (svetlanapopovapm.com/booking-policy):

1. A rescheduling requested with at least 48 hours' notice may permit the original booking deposit to be transferred **one time** to a new appointment, subject to availability.
2. A cancellation or rescheduling request made less than 48 hours before the appointment **may result in** forfeiture of the booking deposit.
3. Failure to attend the scheduled appointment without the required notice **results in** forfeiture of the booking deposit, and a new booking deposit is required before another appointment can be reserved.
4. An additional rescheduling after the permitted transfer may require a new booking deposit.
5. **If the Studio cancels an appointment and is unable to reschedule it, the booking deposit is returned to the Client**, as set out in Section 10 of the Booking, Cancellation & Refund Policy.

Any booking, cancellation, or rescheduling term applied to the Client must be consistent with the policy disclosed to the Client at the time of booking and payment.

6. Completed services and refunds

Once the agreed permanent makeup procedure has been fully performed, payment for the completed service is generally non-refundable merely because the Client later:

- changes their mind;
- changes their aesthetic preference;
- prefers a different color, shape, density, or intensity;
- experiences ordinary temporary changes associated with healing; or
- becomes dissatisfied with a characteristic that could not reasonably be evaluated until sufficient healing has occurred.

This provision does not eliminate or restrict any right, claim, refund, remedy, or protection that cannot lawfully be waived under applicable federal, New York State, or local law.

Nothing in this Agreement releases the Artist or Studio from responsibility imposed by applicable law or constitutes a waiver of liability that cannot legally be waived.

7. Touch-ups and additional services

Permanent makeup does not automatically require a touch-up.

Whether an additional procedure is appropriate should be evaluated after sufficient healing has occurred and the healed result can reasonably be assessed.

Unless expressly included in the original quoted service price, any later:

- touch-up;
- color enhancement;
- modification;
- correction;
- lightening; or
- other additional procedure

may constitute a separate service and may be subject to a separate charge.

Applicable touch-up policy: A touch-up, if appropriate, is assessed after healing and scheduled directly with the Artist. It is not performed earlier than 30 days after the initial procedure, and the appropriate interval may extend to approximately two and a half months, depending on the treatment area, the Client's age, skin type, and individual healing response. It is a separate service and is priced separately unless expressly included in the quoted service price above. A touch-up is charged according to the price list in effect on the date of the touch-up appointment, published at svetlanapopovapm.com/services; touch-ups currently start at \$250.

Touch-up fee, if agreed in advance: _____

PART III — INFORMED CONSENT & RISK DISCLOSURE

8. Healing and final result

The Client understands that the appearance immediately after permanent makeup is not the final healed result.

Temporary changes in color, intensity, definition, and visual uniformity may occur during healing.

Individual healing and pigment retention vary, and the healed result should not be evaluated during active surface healing.

Detailed information concerning expected temporary reactions, healing, possible adverse reactions, complications, and circumstances requiring medical evaluation is provided in the separate **Permanent Makeup — Risks, Possible Reactions & Healing Acknowledgment**, and in summary form at svetlanapopovapm.com/risks and svetlanapopovapm.com/aftercare.

9. Material risks

The Client understands that permanent makeup involves intentional penetration of the treatment area and carries risks even when appropriate professional technique, sterile single-use needles or needle cartridges, infection-control procedures, and appropriate aftercare are used.

Material risks may include infection, allergic or inflammatory reactions, delayed or impaired healing, scarring, pigment or color changes, uneven pigment retention, pigment migration or spreading, and other adverse reactions or complications.

Lip permanent makeup may trigger recurrence of herpes simplex / cold sores in susceptible individuals.

Eyelid permanent makeup may produce temporary swelling, redness, tenderness, or sensitivity, and significant ocular symptoms require appropriate medical evaluation.

The nature of these risks, expected temporary reactions, procedure-specific considerations, healing, and circumstances requiring medical attention are described in greater detail in the separate Permanent Makeup — Risks, Possible Reactions & Healing Acknowledgment.

The Client confirms that the Client has received and reviewed that document before proceeding.

PART IV — CLIENT MEDICAL HISTORY & PROCEDURE SCREENING

10. Purpose of screening

The following questions are intended to identify circumstances that may require postponement, modification of the procedure, additional precautions, or medical clearance.

The Artist does not diagnose medical conditions. Completion of this questionnaire does not constitute medical advice or medical clearance.

The Client agrees to answer accurately and disclose information reasonably relevant to the planned procedure.

How this information is handled. Health information provided here is kept as part of the Client's treatment record and is handled as described in the Studio's Privacy Policy (svetlanapopovapm.com/privacy): it is accessible only to the Artist, is kept only as long as needed for the service, for records required by law and by insurance, and to resolve any dispute, and is disclosed only in the situations listed in that Policy. The Studio is not a medical practice and is not a covered entity under HIPAA.

11. Health and procedure screening

Please answer each question:

- ☐ YES ☐ NO Are you under 18 years of age?
- ☐ YES ☐ NO Are you currently pregnant or breastfeeding?
- ☐ YES ☐ NO Do you currently have an infection, open wound, rash, dermatitis, eczema, psoriasis flare, sunburn, active inflammatory lesion, or another active skin condition in or near the proposed treatment area?
- ☐ YES ☐ NO If lip permanent makeup is planned, do you currently have a cold sore / herpes outbreak or symptoms that may indicate an outbreak?
- ☐ YES ☐ NO If lip permanent makeup is planned, do you have a history of cold sores / herpes simplex on or around the lips?
- ☐ YES ☐ NO Do you have a known allergy or prior reaction to topical anesthetics, pigments/colorants, antiseptics, adhesives, latex, metals, or products previously used in tattooing or cosmetic procedures?
- ☐ YES ☐ NO Do you have a bleeding disorder or history of abnormal or prolonged bleeding or bruising?
- ☐ YES ☐ NO Are you taking an anticoagulant, antiplatelet medication, or another medication that may affect bleeding?
- ☐ YES ☐ NO Do you have diabetes or another condition that may affect wound healing?
- ☐ YES ☐ NO Do you have a condition affecting immune function, or are you taking medication that suppresses immune function?
- ☐ YES ☐ NO Are you prone to keloid or hypertrophic scarring?
- ☐ YES ☐ NO Do you have a seizure disorder or another condition that could affect your ability to safely complete the procedure?
- ☐ YES ☐ NO Have you recently received cancer treatment, radiation therapy, surgery, or another significant medical treatment that may affect healing?
- ☐ YES ☐ NO Have you recently used isotretinoin or undergone laser treatment, aggressive resurfacing, chemical peeling, microneedling, or another procedure that may affect the proposed treatment area?
- ☐ YES ☐ NO Have you recently received Botox, dermal filler, surgery, injectable treatment, or another cosmetic procedure in or near the proposed treatment area?
- ☐ YES ☐ NO Are you currently taking any prescription medication, over-the-counter medication, supplement, or herbal product that may affect bleeding, skin sensitivity, or healing?
- ☐ YES ☐ NO Have you consumed alcohol or recreational drugs today, or are you currently impaired by any substance or medication?
- ☐ YES ☐ NO Have you previously had permanent makeup, microblading, cosmetic tattooing, conventional tattooing, pigment removal, or lightening in the proposed treatment area?

☐ YES ☐ NO Have you previously experienced infection, allergic reaction, significant scarring, pigment migration, unexpected color change, or another complication following permanent makeup or tattooing?

12. Medications, allergies and conditions to disclose

Current medications / supplements: _____

Known allergies / previous reactions: _____

Relevant medical conditions / recent treatments: _____

Previous PMU / tattoo / removal or lightening in treatment area: _____

Other information the Artist should know before proceeding: _____

Allergy patch test: ☐ offered and declined by the Client ☐ performed on _____ ☐ not applicable

A patch test lowers but does not remove the possibility of a reaction: sensitivity can develop later even when an earlier test showed none.

13. Lip procedure — herpes simplex / cold sore screening

Complete this section if lip permanent makeup is planned.

Have you ever had cold sores / herpes simplex on or around the lips? ☐ YES ☐ NO

If YES, approximately how often? _____

Do you currently have a cold sore, blister, crust, tingling, burning, itching, or another symptom that may indicate an outbreak? ☐ YES ☐ NO

The Client understands that trauma to the lip area may trigger recurrence of herpes simplex / cold sores in susceptible individuals and that an outbreak may interfere with healing and pigment retention.

The Artist does not diagnose herpes simplex and does not prescribe antiviral medication.

A Client with a history of cold sores / herpes simplex should consult an appropriately licensed healthcare professional regarding whether antiviral prophylaxis is medically appropriate. The medication, dosage, start date, duration, and suitability of prescription antiviral treatment must be determined by the healthcare professional.

If an active or suspected outbreak is present, the procedure will be postponed until the affected area has adequately healed and it is appropriate to proceed.

14. Postponement, refusal of service and medical clearance

Because permanent makeup is an elective procedure, the Artist may postpone or decline to perform the procedure when an active skin condition, apparent infection, impairment, disclosed health condition, medication, recent treatment, or other circumstance reasonably appears to make treatment inappropriate or materially increase procedural risk.

When reasonably appropriate, the Artist may request written clearance from an appropriately licensed healthcare professional before proceeding.

A request for medical clearance does not mean that the Artist is diagnosing a medical condition.

15. Client certification of health information

I certify that the information I have provided is accurate and complete to the best of my knowledge.

I understand that withholding information reasonably relevant to the procedure may increase the risk of an adverse outcome.

I agree to notify the Artist before the procedure if there is a material change in the information I provided.

Client Name: _____

Client Signature: _____

Date / Time: _____

PART V — AFTERCARE ACKNOWLEDGMENT

16. Aftercare responsibilities

The Client acknowledges receipt of, or access to, the written aftercare instructions applicable to the selected procedure (svetlanapopovapm.com/aftercare), and of the written pre-procedure instructions (svetlanapopovapm.com/preparation).

The Client understands that appropriate aftercare is an important part of the healing process and agrees to follow the instructions provided.

The Client understands that picking, scratching, peeling or prematurely removing flakes or crusts, unnecessary rubbing, prolonged moisture exposure, swimming, sauna or steam exposure, heavy sweating, tanning, excessive ultraviolet exposure, or use of products inconsistent with the provided aftercare instructions may irritate the treated area and may adversely affect healing or pigment retention.

The Client understands that symptoms suggesting a potentially significant complication should be evaluated by an appropriately licensed healthcare professional as described in the separate Permanent Makeup — Risks, Possible Reactions & Healing Acknowledgment.

PART VI — PROCEDURE CONSENT

17. Client consent

Please check each statement:

- ☐ I understand the nature of the permanent makeup procedure described in this Agreement.
- ☐ I understand that permanent makeup involves controlled penetration of the treatment area and implantation of pigment.
- ☐ I have had an opportunity to ask questions concerning the procedure, its alternatives, limitations, healing, and material risks.
- ☐ I understand that individual healing and pigment retention vary.
- ☐ I understand that no exact healed color, pigment-retention percentage, density, symmetry, duration, or exact final appearance has been promised or guaranteed.
- ☐ I understand that the immediate post-procedure appearance is not the final healed result.
- ☐ I understand that a touch-up is not automatically required.
- ☐ I understand that any later touch-up, enhancement, modification, correction, lightening, or other additional procedure may be separately priced unless expressly included in the original service.
- ☐ I have received or been provided access to the applicable written aftercare instructions.
- ☐ I have received and reviewed the separate Permanent Makeup — Risks, Possible Reactions & Healing Acknowledgment before proceeding.
- ☐ I understand the material risks and possible complications described in that separate acknowledgment.
- ☐ I have disclosed information reasonably relevant to the safety of my procedure.
- ☐ I have had an opportunity to ask questions and have received responses sufficient for me to make my decision whether to proceed.
- ☐ I voluntarily consent to the permanent makeup procedure identified in this Agreement.

PART VII — NEW YORK SINGLE-USE NEEDLE CONFIRMATION

18. Single-use needle and ink-handling confirmation

Before the tattooing / permanent makeup procedure, the Client and Artist confirm that:

- ☐ The Artist presented to the Client the single-use needle or needle cartridge intended for the Client's procedure in its sterile, sealed package.

- ☐ The Artist explained the procedures used for appropriate ink / pigment handling.
- ☐ The Artist opened the sterile, sealed package containing the single-use needle or needle cartridge in the Client's presence.
- ☐ The needle or needle cartridge used for this Client is single-use and will not be reused on another person.

Client Name: _____

Client Signature: _____

Date / Time: _____

Artist Name: _____

Artist Signature: _____

Date / Time: _____

A copy of this signed confirmation will be provided to the Client.

PART VIII — PROCEDURE RECORD

19. Procedure details

Treatment Area: _____

Technique: _____

Pigment Brand: _____

Pigment Color(s): _____

Pigment Lot / Batch Number(s): _____

Needle / Cartridge Brand: _____

Needle Configuration: _____

Needle / Cartridge Lot Number, if recorded: _____

Topical Anesthetic Used, if any: _____

Other Products / Relevant Procedure Information: _____

Artist Notes: _____

PART IX — FINAL PROCEDURE AUTHORIZATION

20. Design and procedure authorization

Signed immediately before pigment implantation begins.

Before pigment implantation begins, I confirm that I have had an opportunity to review the proposed shape, placement, color, and general treatment approach applicable to my procedure.

I authorize the Artist to proceed with pigment implantation according to the approved treatment plan.

I understand that my approval of the proposed design and color does not guarantee the exact healed appearance because healing and pigment retention are individual.

Client Signature: _____

Date / Time: _____

Artist Signature: _____

Date / Time: _____

PART X — OPTIONAL PHOTO / VIDEO AUTHORIZATION

21. Separate marketing and publication consent

This authorization is separate from consent to receive permanent makeup. The Client is not required to authorize marketing use of photographs or video as a condition of receiving the service.

Please select ONE:

- ☐ **YES — IDENTIFIABLE USE AUTHORIZED.** I authorize the Artist / Studio to photograph and/or record the treatment area and to use photographs and/or video in which my face or identity may be recognizable for portfolio, website, social-media, advertising, promotional, and educational purposes.
- ☐ **LIMITED — NON-IDENTIFIABLE USE ONLY.** I authorize use only when the photograph or video is reasonably cropped or presented so that my identity is not reasonably recognizable, such as a close-up limited to the treatment area.
- ☐ **NO — NO MARKETING AUTHORIZATION.** I do not authorize use of my image, likeness, photographs, or video for advertising, promotional, portfolio, social-media, or other marketing purposes.

Refusal to provide marketing authorization will not affect eligibility for the service.

Withdrawal. I may withdraw this authorization for future use at any time by writing to popovapm9@gmail.com. Withdrawal applies to future use only: material already printed, or already published and shared by others, may not be possible to recall.

This authorization does not permit publication of the Client's medical-history questionnaire, medications, medical conditions, or private health-screening information.

Any authorized use remains subject to applicable law.

Client Name: _____

Client Signature: _____

Date: _____

PART XI — OPTIONAL TEXT MESSAGE CONSENT

22. Appointment text messages

- ☐ **Optional.** You may text me at this number about my appointment — confirmations, reminders, and changes to the schedule.

Appointment messages only — no marketing. Message and data rates may apply. Reply STOP at any time to stop them. Consent is not a condition of booking an appointment or of receiving any service, and phone numbers are not sold or shared with third parties for their own marketing.

Mobile number for text messages: _____

PART XII — STUDIO RECORD

23. Studio use

Payment Method: _____

Total Service Price: _____

Deposit Paid: _____

Balance Paid / Due: _____

Date of Payment: _____

Appointment / Transaction Reference: _____

Documents given to the Client, by the "last updated" date shown on each page of svetlanapopovapm.com:

Booking, Cancellation & Refund Policy (/booking-policy) — last updated: _____

Pre-procedure instructions (/preparation) — last updated: _____

Aftercare instructions (/aftercare) — last updated: _____

Risks, Possible Reactions & Healing Acknowledgment — version dated: _____

PART XIII — IMPORTANT LEGAL ACKNOWLEDGMENT

24. Document relationship, governing law and non-waiver

This Agreement documents the Client's disclosures, the commercial terms applicable to the service, informed consent, and the Client's voluntary decision to proceed.

It should be read together with the applicable:

- Booking, Cancellation & Refund Policy (svetlanapopovapm.com/booking-policy);
- written pre-procedure instructions (svetlanapopovapm.com/preparation);
- written aftercare instructions (svetlanapopovapm.com/aftercare); and
- Permanent Makeup — Risks, Possible Reactions & Healing Acknowledgment.

These documents are intended to address different aspects of the Client's service and should be read together where applicable.

Governing law. This Agreement is governed by the laws of the State of New York, without regard to conflict-of-law rules. Disputes are subject to the courts located in Monroe County, New York, unless the law gives the Client the right to bring a claim elsewhere.

Nothing in this Agreement is intended to waive any right or remedy that cannot lawfully be waived or to release the Artist or Studio from any duty or responsibility imposed by applicable law.

If any provision of this Agreement is determined to be unenforceable, that determination will not by itself invalidate the remaining provisions to the extent they can lawfully remain effective.

25. Language of this Agreement

This Agreement is signed in English, and the English text is the only binding version. Translations of this Agreement into Russian and Spanish are provided for information only, so that the Client can read the document in a familiar language before signing the English version.

Please check the statement that applies:

- ☐ English is my first language, or I read English well enough to understand this Agreement without assistance.
- ☐ English is not my first language. The Artist reviewed this Agreement with me in _____ (Spanish / Russian), and a translation was made available to me for information only. I had the opportunity to ask questions, and I understood this Agreement before signing it. I understand that the English version is the only binding version.

26. Final client certification

By signing below, I confirm that:

1. I have read this Agreement before the procedure.
2. I have had an opportunity to ask questions before deciding to proceed.
3. The information I provided is accurate and complete to the best of my knowledge.
4. I understand the nature and limitations of permanent makeup.
5. I have received and reviewed the separate Permanent Makeup — Risks, Possible Reactions & Healing Acknowledgment and understand the material risks, possible reactions, complications, and healing information disclosed in that document.
6. I have received or been provided access to the applicable written pre-procedure and aftercare instructions.
7. I have read and agree to the Booking, Cancellation & Refund Policy applicable to my appointment, and I understand the amount and application of my booking deposit.

8. I understand that cancellation or rescheduling requires at least 48 hours' notice; that the original booking deposit may be transferred to one rescheduled appointment when the applicable policy requirements are satisfied; and that a late cancellation, a missed appointment, or an additional rescheduling may mean losing the deposit and paying a new one.
9. I understand that after the agreed procedure has been fully performed, payment for that completed service is generally non-refundable merely because I later change my mind, change my aesthetic preference, or become dissatisfied with temporary healing-stage changes, subject to rights and remedies that cannot lawfully be waived.
10. I understand that a touch-up is not automatically required and may be a separately priced service unless expressly included in the original service.
11. I understand that individual healing and pigment retention vary and that no exact final healed appearance has been guaranteed.
12. I understand that nothing in this Agreement or in the Booking, Cancellation & Refund Policy eliminates or restricts any consumer right or legal remedy that cannot lawfully be waived.
13. My decision whether to authorize photography or marketing use of my image is separate from my consent to receive the procedure and does not affect my eligibility for the service.
14. I voluntarily elect to proceed with the permanent makeup procedure identified in this Agreement.

Client Full Name: _____

Client Signature: _____

Date / Time: _____

Artist Name: _____

Artist Signature: _____

Date / Time: _____

Records, including this Agreement and the screening information above, are kept only as long as needed to provide the service, to keep the treatment and consent records required by law and by insurance, and to resolve any dispute — as described in the Privacy Policy (svetlanapopovapm.com/privacy).

Signed copy provided to the Client: ☐ printed ☐ sent by email to the address above — _____
Date: _____

2. PERMANENT MAKEUP — RISKS, POSSIBLE REACTIONS & HEALING ACKNOWLEDGMENT

Client risk disclosure and acknowledgment — to be reviewed and signed before the procedure.

Service location: 595 Blossom Rd A, Rochester, NY 14610-1825

This document supplements the Permanent Makeup Client Agreement, Informed Consent & Service Acknowledgment and provides more detailed information concerning expected reactions, healing, potential adverse reactions, possible complications, and circumstances in which medical evaluation should be sought.

It is intended to be reviewed before the procedure.

1. Expected temporary reactions

During the early recovery period, temporary reactions may include:

- redness or localized sensitivity;
- mild to moderate swelling, particularly following lip or eyelid procedures;
- small amounts of clear tissue fluid;
- tightness or dryness;
- mild itching;
- formation of a thin surface film;
- flaking;
- small superficial crusts;
- temporary increased brightness, darkness, or saturation of the treated color;
- temporary lightening or softening of the visible color;
- temporarily reduced definition; and
- temporary visual unevenness while the treated surface is recovering.

The type, intensity, and duration of these reactions vary between individuals and treatment areas.

Visible improvement of the surface during the first several days does not necessarily mean that the underlying recovery process is complete.

2. Possible adverse reactions and complications

Possible adverse reactions or complications include, but are not limited to:

- skin or soft-tissue infection;
- allergic, irritant, or inflammatory reaction to pigment, topical anesthetic, antiseptic, adhesive, or another product used during treatment;
- prolonged redness, itching, swelling, pain, tenderness, or rash;
- delayed or impaired healing;
- hypertrophic or keloid scarring in susceptible individuals;
- granulomatous or other inflammatory reactions associated with implanted pigment;
- uneven pigment retention;
- areas of reduced pigment retention or gaps after healing;
- variation in healed color, density, or visual uniformity;
- pigment migration, spreading, or blurring;
- unwanted pigment or color changes over time;
- post-inflammatory hyperpigmentation;
- post-inflammatory hypopigmentation;
- temporary or persistent alteration in the appearance or texture of the treated tissue; and
- the possibility that future correction, modification, lightening, or removal may be desired.

Although uncommon, tattooed or permanently pigmented areas have also been reported to develop temporary burning, tingling, or swelling during magnetic resonance imaging (MRI). The Client should inform MRI personnel about permanent makeup or cosmetic tattooing before undergoing MRI.

The risks described in this document are not intended to represent every medically possible adverse event.

3. Lip permanent makeup — herpes simplex / cold sores

In a person with a history of herpes simplex / cold sores, trauma involving the lips may trigger recurrence.

An outbreak occurring during the healing period may:

- disrupt the recovering lip surface;
- prolong or complicate healing;
- affect pigment retention in the involved area;
- contribute to lighter areas or gaps; and
- contribute to uneven healed color.

Symptoms associated with recurrence may include tingling, burning, itching, localized discomfort, blistering, or crusting.

A Client with a history of herpes simplex / cold sores should consult an appropriately licensed healthcare professional regarding whether antiviral prophylaxis is medically appropriate for that individual. The medication selected, dosage, timing, duration, contraindications, and suitability of prescription antiviral treatment must be determined by the healthcare professional.

An active or suspected outbreak should be medically addressed as appropriate and the permanent makeup procedure postponed until the affected area has adequately recovered.

4. Eyelid permanent makeup — specific considerations

Temporary eyelid swelling, redness, tenderness, tightness, or sensitivity may occur. Swelling may be more noticeable during the early hours following treatment.

Symptoms that require particular attention include:

- significant or increasing eye pain;
- changes in vision;
- severe or rapidly increasing swelling;
- marked or worsening eye irritation; or
- other significant ocular symptoms.

These symptoms require prompt evaluation by an appropriately licensed healthcare professional.

5. Factors that may affect healing and pigment retention

The course of healing and the appearance of retained pigment may be affected by factors including:

- skin or tissue type and condition;
- individual inflammatory and healing response;
- treatment area;
- scar tissue;
- previous permanent makeup or tattooing in the same area;
- pigment characteristics;
- depth and distribution of pigment implantation;
- individual response to treatment;
- ultraviolet exposure;
- tanning;
- acids and retinoids;
- chemical peels;
- laser or resurfacing procedures;

- microneedling;
- picking, scratching, rubbing, or prematurely removing flakes or crusts;
- excessive or prolonged moisture exposure during early recovery;
- medications that affect bleeding, immune response, skin condition, or healing;
- medical conditions affecting tissue recovery; and
- other individual biological and lifestyle factors.

Because these variables interact differently in each person, pigment retention and healing may not be uniform throughout the treatment area.

6. Color and visual changes during healing

The visible color can change substantially during the recovery process.

Immediately after treatment, pigment may appear darker, brighter, more saturated, or more sharply defined.

As the treated surface begins to recover and a thin superficial layer forms and later separates, the visible result may temporarily appear lighter, softer, less defined, or uneven.

Temporary lightening does not necessarily mean that all pigment in the lighter-looking area has been lost. However, some actual pigment loss may occur during healing.

Implanted pigment is viewed through and within living tissue. Changes in the condition and optical properties of the tissue overlying the pigment can therefore temporarily alter the way color, density, and definition are perceived.

For this reason, visual assessment during active flaking, crusting, or early surface recovery may not accurately represent the later healed appearance.

7. Healing and timing of result evaluation

Healing develops progressively rather than occurring at one fixed point.

For many clients, approximately **days 1-5** involve the most noticeable surface changes, including dryness, tightness, flaking, or formation of a thin superficial film. This period represents early visible surface recovery and should not be interpreted as complete biological healing.

Over roughly the following week, the thin surface film separates and surface healing ends; the visible appearance of the pigment continues to change as the color stabilizes.

For many clients, color and general appearance become substantially more stable over approximately **3-4 weeks**, although the timeframe varies depending on the treatment area and individual healing response.

Assessment of the healed result is more meaningful after sufficient recovery has occurred. At that stage, the Artist may evaluate:

- pigment retention;
- healed color;
- density;
- visual uniformity;
- shape;
- areas of reduced retention; and
- whether any additional procedure is appropriate.

8. Additional procedure after healing

An additional procedure should not be determined solely from the appearance of the treatment area during active healing.

If reassessment is appropriate, it is generally performed only after sufficient recovery has occurred. A touch-up is **not performed earlier than 30 days** after the initial procedure, and the appropriate interval **may extend to approximately two and a half months**, depending on the treatment area, the Client's age, skin type, and individual healing response.

This is an approximate reassessment interval, not a statement that every person completes all biological healing within that time. The purpose of reassessment is to determine the condition of the healed result and whether further

pigment implantation or another intervention is appropriate.

9. When medical evaluation should be sought

The following symptoms may indicate a condition that should be evaluated by an appropriately licensed healthcare professional rather than managed as routine cosmetic aftercare:

- severe or progressively worsening pain;
- severe or rapidly increasing swelling;
- redness that spreads or progressively worsens;
- purulent drainage;
- worsening open or painful areas;
- unusual or foul odor;
- fever or chills;
- significant deterioration in general condition;
- widespread hives;
- significant allergic symptoms;
- difficulty breathing;
- rapidly spreading facial or oral swelling;
- a significant herpes simplex / cold sore outbreak following a lip procedure;
- significant eye pain following an eyelid procedure;
- changes in vision;
- severe eyelid swelling; or
- other significant ocular symptoms.

Difficulty breathing, severe allergic symptoms, significant vision changes, or other potentially serious symptoms require prompt medical attention.

10. Client acknowledgment of risk and healing information

By signing below, I acknowledge that before my permanent makeup procedure:

- ☐ I received this Risks, Possible Reactions & Healing Acknowledgment and had an opportunity to review it.
- ☐ I understand the expected temporary reactions described in this document.
- ☐ I understand the possible adverse reactions and complications described in this document.
- ☐ I understand that individual healing and pigment retention may vary throughout the treatment area.
- ☐ I understand that temporary changes in darkness, brightness, lightness, softness, definition, or visual uniformity may occur while the treated tissue is recovering.
- ☐ I understand that early visible surface recovery does not necessarily mean that complete healing has occurred.
- ☐ I understand that the appearance during active flaking, crusting, or early recovery may not accurately represent the later healed appearance.
- ☐ I understand that some true pigment loss may occur during healing and that temporary lightening does not by itself establish the amount of pigment ultimately retained.
- ☐ If I am receiving lip permanent makeup, I understand the specific information in this document concerning herpes simplex / cold sores.
- ☐ If I am receiving eyelid permanent makeup, I understand the specific eyelid-related reactions and warning symptoms described in this document.
- ☐ I understand the circumstances described in this document in which medical evaluation should be sought.
- ☐ I understand that any decision concerning an additional procedure should be made after sufficient healing and reassessment rather than solely from the appearance during active healing.
- ☐ I had an opportunity to ask questions concerning the information contained in this document before deciding to proceed.

I confirm that I have reviewed and understand the risk, reaction, complication, and healing information contained in this document.

This acknowledgment supplements my separate Permanent Makeup Client Agreement, Informed Consent & Service Acknowledgment. It documents disclosure and understanding of the information contained here and does not waive any right or remedy that cannot lawfully be waived or release the Artist or Studio from any duty or responsibility imposed by applicable law.

This document is signed in English, and the English text is the only binding version. Translations into Russian and Spanish are provided for information only.

Client Full Name: _____

Procedure / Treatment Area: _____

Client Signature: _____

Date / Time: _____

Artist Name: _____

Artist Signature: _____

Date / Time: _____