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 **MAINTENANCE TATTOO CONSENT FORM**

Name ………………………………………………………………………….. Date: ……………………………………………………………

Date of Birth: ……………………………………………………………….

Contact number: …………………………………………………………. Email: ………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………….

Consulting Therapist: ………………………………………………………

I ………………………………………….., fully understand and consent to the following:

Please tick each box when read and understood

* I acknowledge that I have not taken ANY medication in the last 48 hours
* I acknowledge that I have not been on ANY medication in the last 2 weeks
* I acknowledge that I have not had filler or botox in the last two weeks
* I am aware that you may need to be converted to a powder style brow or combination due to microblading blurring, blending or fading. This will be at an additional cost of $100
* I am aware that any maintenance session 1 year and over may require a 4-6 week touch up and will be at an addition cost of $100
* I acknowledge that I have not seen another brow tattooist since the last time I attended Distinctive Features Cosmetic Tattoo and Beauty
* I acknowledge that I am responsible for following all homecare advise
* I acknowledge that you have carried out the treatment ay my request and I will not hold Distinctive Features Cosmetic Tattoo and Beauty or its staff liable for the outcome of this treatment
* I acknowledge that I have been given the opportunity to ask questions relating to the treatment and that any questions that I have asked have been answered to my satisfaction
* I am aware that this may take several sessions to get the desired result

**I consent and authorise Distinctive Features Cosmetic Tattoo and Beauty to perform Cosmetic Tattoo on me. I understand the above points and have had the opportunity to ask any questions during my consultation.**

**I understand that if I have seen another tattooist since last visiting Distinctive Features Cosmetic Tattoo and Beauty I will be required to pay full price for your brows as a correction will need to be perfromed**

Client name (printed): …………………………………………………………………………..

Client signature: ……………………………………………………………………………

Date: …………………………………………………………………………..

Therapists name (printed): ……………………………………………………………….

Therapists signature: ……………………………………………………………….