Logo, company name

Description automatically generated

DISCLAIMER

Full Name:

I hereby authorise Emma Shaw to complete the treatment I have arranged with herself, if any unforeseen conditions arise in the course of this procedure, calling her judgment addition to or any different from those now contemplated, I further request and authorise her to do whatever she seems advisable and necessary in the circumstances.

* I accept responsibility for determining the colour, shape and position of the procedure during the course of consultation. I understand it is my responsibility to state my requirements clearly when the area is mapped out and the colour is chosen.
* I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigments and reactions can still occur.
* I fully understand and accept that nontoxic pigments are used during this procedure and that cosmetic enhancement may fade over time and over a period of three years. Even though the colour will fade it may stay in the skin indefinitely.
* I have been informed of the highest standard of hygiene will be in place You will be shown the instruments sterile and in pouches which will also be disregarded after use.
* I understand that each procedure is a process requiring multiple applications of pigments to achieve desirable results and that 100% success cannot be guaranteed during the first session. I understand this is why a top up session is needed.
* I understand that a top up can only be done after 4-6 weeks of healing time.
* It is your responsibility to book the top up appointment.
* The result of the procedure is determined by the following:

1. Medication
2. Skin characteristics (skin tine & type)
3. Personal PH balance of the skin
4. Alcohol intake and smoking
5. Post procedure and aftercare

* Once this procedure has been completed, I understand there may be swelling, redness and that will reduce in 1-4 days.

Signature:

Date:

Treatment: