

Please read each statement carefully and tick to confirm your understanding.

**PROCEDURE INFORMATION**

- I understand that lip blushing is a form of cosmetic tattooing that deposits pigment into the dermal layer of the lip.
- I understand that results vary based on individual skin type, healing response, and aftercare compliance.
- I understand that the colour will appear significantly darker immediately after the procedure and will lighten during healing.
- I understand that a "ghost phase" may occur where colour appears to disappear before re-emerging.
- I understand that one or more touch-up sessions may be required to achieve the desired result.
- I understand that permanent makeup is semi-permanent and will fade over 2-5 years but may not disappear entirely.

**RISKS & COMPLICATIONS**

- Infection (bacterial or viral, including cold sore reactivation)
- Allergic reaction to pigment or topical anaesthesia
- Uneven colour, patchiness, or asymmetry requiring correction
- Scarring (rare, higher risk with keloid history)
- Colour not matching expectations after healing
- Pigment migration or blurring over time

**CONTRAINDICATION ACKNOWLEDGEMENT**

- I confirm I am not pregnant or breastfeeding
- I confirm I am not currently taking isotretinoin (Accutane) or have within the past 6 months
- I confirm I do not have an active cold sore or lip infection
- I have disclosed all medical conditions, medications, and allergies

**PHOTO CONSENT**

I consent to photographs being taken for:

- Treatment records only
- Marketing / portfolio (anonymised)
- I decline photo consent

**TOUCH-UP POLICY**

I understand the touch-up policy: one included touch-up within \_\_\_\_\_ weeks of the initial procedure.

Additional sessions beyond this are charged at the practitioner's standard rate.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date