This declaration of consent is a template in accordance with Austrian law. Each artist has to inquire about the country-specific regulations and laws himself/herself and adapt this declaration of consent accordingly.

DECLARATION OF CONSENT TEMPLATE

Customer data:

Given name _____ Surname _____

Street, No. _____ Place _____

Postal code _____ Phone _____

Email _____

How did you find us? ☐ Advertisement ☐ Recommendation ☐ Online ☐ Other

The customer assures that they are healthy at the time of the treatment and have not consumed alcohol and/ or drugs. The following health questions are decisive and truthful answers to these questions is a prerequisite for the execution of the treatment.

- ☐ Are you taking medicines, if so, what: _____
  (**Info:** die Haltbarkeit kann durch die Einnahme von Medikamenten beeinträchtigt sein)
- ☐ Diabetic
- ☐ Hemophiliac
- ☐ Allergies, if so to what: _____
- ☐ Laser treatment, chemical peeling
- ☐ Implants / injections
- ☐ Pacemaker
- ☐ Pacemaker
- ☐ HIV
- ☐ Hepatitis
- ☐ Epilepsy
- ☐ Herpes Simplex (fever blisters)
- ☐ Are you pregnant? Are you nursing?
- ☐ Chemotherapy
- ☐ Skin irritation / skin diseases: What: _____
- ☐ Chronic or acute diseases: What: _____
- ☐ Astigmatism
- ☐ Slight hematoma formation
- ☐ Are you currently taking Cortisone or antibiotics?

Do you already have permanent makeup? _____

If yes, since when? _____

Carried out by: _____

What would you like to change about it? _____

☐ I agree with before-and-after pictures. These serve as documentation for the artist.

☐ I agree that detail photos of the pigmentation may be used for promotional purposes by the artist.

General information:

Permanent makeup will last about 1-3 years, with no definite durability being guaranteed. This depends on existing circumstances such as skin texture, habits, sun exposure (solarium), medication intake, as well as the color selection for the PMU and correct after-care by the customer.

Complete fading or minimum durability cannot be guaranteed. The color result of the pigmented site will appear more intense right after the treatment. The final result will only be visible after healing (about 2-3 weeks). Since every person's metabolic process is different, a follow-up treatment may be necessary.

A detailed consultation must take place before each treatment. Completing the declaration of consent is an essential part of this consultation.
The declaration of consent must:
- be read and signed by the customer
- all open questions must be clarified
- contraindications must be excluded

If your customer has a disease or intolerance, you must be given an attestation by a physician or a certificate from the treating physician confirming that a PMU treatment is safe.

Immediately after treatment, the pigmented areas may be slightly irritated. Slight swelling, redness, encrustation, and tension can occur. This can last 1-3 hours up to a maximum of a few days. Cool the treated areas. In the case of a lip treatment, carriers of the herpes simplex viruses can expect to have an outbreak. Therefore, the affected client should take a suitable medication immediately after treatment for prophylaxis. Ask your doctor for advice.

Customers who already had permanent makeup treatment and want to get correction or changes done by our specialist institute are expressly advised that it is possible that the deeper or older pigmentation color may show back up after a certain time or may dominate because of chemical color composition. We do not provide guarantee for the treatment process.

We would like you to follow the aftercare instructions provided to you during the next 2 weeks after the treatment, otherwise your permanent makeup may fade more quickly or not yield a satisfactory result. Create a guide for your customer. Aftercare by the customer himself/herself contributes decisively to a perfect result.

The following documents are used for documentation purposes. The hygiene module used and colors can be checked in a follow-up treatment. Before and after pictures are also recommended as an attachment.

To be filled in by the permanent makeup artist:

PMU Zone:

Color:

Batch number:

Hygiene module:

Correction included up to:

Vom Permanent Visagisten auszufüllen:

PMU Zone:

Color:

Batch number:

Hygiene module:

Correction included up to:

Vom Permanent Visagisten auszufüllen:

PMU Zone:

Color:

Batch number:

Hygiene module:

Correction included up to:

Vom Permanent Visagisten auszufüllen:

PMU Zone:

Color:

Batch number:

Hygiene module:

Correction included up to:

A color certificate with all the details (composition, content) is available at the studio. Each PMU / Tattoo Studio is obliged to receive an annual review by an institute for microbiology & hygiene and this proof of safety must be available for customer inspection according to BGBl. II No. 141/2003 as well as BGBl. II No. 261/2008 and BGBl. II 262/2008.

Color selection and shape was discussed and agreed with the customer. The customer agrees with the treatment and has been fully informed about the procedure and any risks. The treatment is done at the customer's own risk.

The customer confirms that he/she has received our aftercare instructions and is following them.

Place:

Date:

Customer signature: