

Timeless Allure

Dr Tracy A Miller

Permanent Makeup

Addendum to Consent

Auto Immune Release Form (Alopecia)

I, _____, understand that Alopecia is an auto-immune disease and due to the change in texture of the skin and lack of follicles, the pigment CAN & WILL heal more solid/powdered. The hair strokes can look thicker, appear blurry under the skin, change in color, fade prematurely or not retain at all. I accept these risks and will hold

_____ (practitioner) and/or her associates harmless if above said risks occur. I take full responsibility and accept that this could happen. I further understand that all services performed are non-refundable.

Patient Name (please print legibly)

Patient Signature

Date: _____

I Have Received A Copy of this consent (initial) _____

Practitioner Name and Signature

Date: _____