

# *Timeless Allure*

**Dr Tracy A Miller**

Permanent Makeup

Addendum to Informed Consent

## **Thyroid Release**

I, (print) \_\_\_\_\_, have been informed that Thyroid medication can and may cause the pigments to: fade prematurely, look more blurred or powdered under the skin, change in color 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: \_\_\_\_\_