

Consent to Procedure

Please read and initial the following statements carefully, indicating that you give consent to and understand each one.

I _____ request and consent to the application of permanent color.

1. I absolutely understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results and that 100% success cannot be guaranteed. _____

2. I have received, reviewed, and understand the post-procedural instructions as given to me and agree to follow them. _____

3. Depending on the procedure(s) which I select, I accept responsibility for determining the color, shape, and position of eyebrows, eyeliners, lip liner and/or full lip color or other pigmentation. _____

4. I understand that lash tinting or brow tinting must be done one week prior and two weeks after the procedure and touch-up applications. _____

5. If I am a lens wearer, I realize that I must keep my lenses out the day of and eyeliner procedure. _____

6. I understand that this procedure will fade and this fading can alter the original pigment color and that this simply determines that it is time for a touch-up visit. _____

7. I realize this is an elective cosmetic procedure, not an exact science, and is not medically necessary. _____

8. It has been explained to me that the following possibilities may occur: Minor and temporary redness or swelling; fading or loss of pigment. _____

9. I understand that laser procedures for hair removal or perioral lines may or will turn permanent lip color dark or even black unless covered. _____

10. I understand that before and after photos are required. _____

11. I understand that the Red Cross requires a one year waiting period for blood donations after tattoos. _____

Client Signature

Date

Witness Signature

Permanent Cosmetic Makeup Pre- Procedure Information

All permanent cosmetic procedures are multi- session processes. You are required to come back for at least one touch- up visit before it can be determined that your work is complete. Touch- up visits are scheduled at four- week intervals or longer.

Be prepared for the color intensity of your procedure to be significantly sharper, brighter, or darker than what is expected for the final outcome. It will take time for this transition, based upon how quickly the outer layer of your skin exfoliates.

While these injected tones may initially stimulate the exact color and tone desired, it will not always remain a perfect match. Injected tones are constant, while your own tones will vary depending on exposure to cold, heat, sun, and circulatory changes. For example, if you tan your skin and had a scar camouflaged, your surrounding skin will be darker in appearance than the treated area.

1. Delicate skin or sensitive areas may swell slightly or redden for one to two days.
2. Wear your normal make-up and bring your lip or brow pencils to the office on the day of the procedure.
3. Any tweezing or waxing should be done at least 48 days prior to the procedure; electrolysis no less than five days before. Do not resume any method of hair removal for at least two weeks after the procedure.
4. Any eyelash or eyebrow tinting or eyelash curling should be done no sooner than 48 hours before or two weeks after the procedure.
5. Do not wear contact lenses during or immediately following the eyeliner procedure. Remember to bring your glasses. You may resume wearing your contact lenses as soon as your eyes return to their pre-tattooed condition.
6. Following the eyeliner procedure, as a safety precaution, we recommend that you have someone available to accompany you or drive you home in the event that assistance is needed.
7. If you are having lip procedures and have any history of cold sores, fever blisters, or herpes simplex, you will be required to contact your physician to obtain the proper prescription to prevent such outbreaks.
8. Refrain from the use of alcohol, aspirin, aspirin- containing medications, ibuprofen, or coumadin for 7 days before and 2 days after any procedure. Refrain from judgment- altering drugs for at least 24 hours prior to any procedure. **No medication should be discontinued without first consulting your physician.**
9. A scratch test is offered upon request.
10. Permanent Cosmetics should not be performed within 24 hours of a Botox injection.

Homecare Instructions

Please call with any questions or concerns

- **Proper care following your procedure is required to achieve the best results.** Keep in mind that some intensity and/or unevenness of color, particularly after the initial application of pigment is normal. Review and follow the directions provided below. If, during your healing process, you have any questions or concerns, please feel free to contact me at anytime.
- **With all procedures, the skin may be lightly washed with water to keep the fluids from forming a thick scab.**
- **Ice packs covered with a barrier to protect the skin may be applied as necessary to reduce swelling.** Sleeping slightly elevated may assist in the reduction of swelling that is sometimes seen the day of and/or the morning after Permanent Cosmetic procedures.
- **Wash your hands before touching any treated area.** Cotton-tipped applicators may be used to gently cleanse the eye area.
- **Do not expose your procedure(s) to dirty or unsanitary conditions.**
- **Wearing sunglasses outdoors is a good way to protect new makeup from the environment.**
- **Apply the recommended or healing products provided.** Apply Vaseline (brows) or A&D ointment (lips) as instructed (twice daily for 5 days), except around the eye. **DO NOT PICK** at flaking color.
- Some tenderness, puffiness, dryness and itching are quite normal to the treatment and healing process.
- **DO NOT PICK, PEEL, OR SCRATCH THE TREATED AREA,** or your color may heal unevenly and you risk scarring and infection.
- Do not apply makeup for one week on your procedure area (except with eyeliner you may apply Kiss Me Mascara only). **DO NOT USE an eyelash curler for two weeks.**
- **Do not expose your healing skin to hot tubs, saunas, salt water, chlorinated pools, direct shower spray, hot water, skin creams, ointments or lotions other than what you have been instructed to use for one week following your procedure, direct sun exposure and tanning beds should be avoided indefinitely. Both are counter-productive to the Permanent Cosmetic procedure you have received.**
- After a lip procedure, your lips will feel very dry and taut. So be sure to keep them moist at all times. Expect your lips to be very swollen for one to two days. The more cold you use on your lips the less swollen they will be. The color on the surface will appear very dark. This is normal. Lip color can reduce up to 25% after it peels off. The first peeling usually starts on the inner area of your lips on the third day, and will be completely peeled off by about the sixth day. The color may appear to be lighter for about two weeks. This is just the lips healing. The color will start to get darker in the third week and continue to change for the next three weeks. Every place that has color now **WILL PEEL OFF!** Lip gloss will make your lip color brighter and look more like lipstick. Ask about Lips to Kiss Spa Treatment.

Remember to protect your permanent makeup by wearing sunblock (reapply often, ask about Cosmedix "Reflect" mist, which can be spritzed over make up), mineral makeup to minimize fading and be careful when using exfoliates.

Healing Schedules

Lips: Day and Effect

1. Swelling, tender, heavy thick lipstick look.
2. Slight swelling, reddish and tender.
3. Less swelling, thicker texture.
4. Exfoliation begins, very chapped lips.
5. Very chapped, but almost finished with first chapping stage.
6. A soft, rich color begins to appear.
- 7-13. Lip color disappears and the "frosty" (second chappy stage)
14. Color "blooms" from within more and more each day until day 21 (three weeks post procedure)
21. Healing complete; the color you see is the color you have. Your lips will remain a bit dry for a month or two, use a good lip balm and they will return to normal but with full color.

Eyeliner: Day and Effect

1. Swollen with a heavier eye make-up look.
2. Swollen, usually for only a few hours after waking up, with the heavier eye make-up look continuing.
3. Swelling decreases with a tight feeling. The pigment begins to lift away from the skin.
4. Some itching is normal as the skin begins to flake. DO NOT PICK AT IT!
5. Blinking movements of the eye usually removes all the pigment by this day. Color is somewhat grayish and will take a few more days to clarify to a full color.

Eyebrows: Day and Effect

1. The eyebrows are approximately 20 to 25% darker and bolder in width and they will be when healed. Your skin is red under the pigment, which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the eyebrow procedure to flake away and a more narrow appearance will result. New skin will heal over the pigmented area and result in a softer appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size than you desire. This is all part of the process.
2. Conditions remain the same.
3. Eyebrows start to itch and will appear a bit thicker in texture. Exfoliation begins.
4. The skin begins to flake, peeling from the outside edges first.
5. Color finishes flaking off and appears softer and grayer for a few days until color clarifies.

Note: Permanent make-up procedures are affected by the canvas (your skin) that they are performed on. If your skin is sun damaged (even from tanning beds), thick and uneven in texture, or excessively dry or oily the result cannot be expected to be perfect after the initial procedure. Scars on the lips from fever blisters cause pigment removal. Lifestyle medications, smoking, metabolism, facial surgery, and age of skin all contribute to fading. Touch-ups are needed 30 days after your initial procedure to ensure the best result and to keep your permanent cosmetics looking the best. Your procedure maintenance, as outlined in your pre/ post procedure directions, is very important.

Name _____ Date of Birth _____ Date _____

Ethnic Background, please include all nationalities _____

Address _____

City _____ State _____ Zip _____ Home Phone _____ (____) _____

If we call you at home, do you want confidentiality? No Yes email: _____

May we call you at work? No Yes If Yes, my work number is _____ (____) _____

Emergency Contact, Name: _____ Phone: _____ Relationship: _____

Who may we thank for referring you? _____

Procedure(s) desired: Brows Eyeliner Lips Camouflage Nipple Areola

Fee: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

ALLERGIES (Please check & circle if you ever had an allergic reaction to any of the following and describe what happened)

- Antibiotic Ointments (i.e., Neosporin, Bacitracin, Polymyxin, etc.)
- Seasonal (Trees, pollen, hay fever)
- Novacaine, Lidocaine, Epinephrine
- Latex Rubber
- Cosmetics
- Contrast dyes as used in X-rays
- Metals, Other

Paid: _____

Charge: _____

Check: _____ Cash: _____

Balance: _____

Terms: _____

**\$50⁰⁰
NON-REFUNDABLE
DEPOSIT**

GENERAL MEDICAL (Check all of the following that apply and describe if "yes")

| | YES | NO |
|--|-----|----|
| Have you ever had a fever blister, cold sore or canker sore? | | |
| Are you pregnant or nursing? | | |
| Do you have glaucoma or other eye disease or disorders? | | |
| Have you ever had any eye trauma? | | |
| Have you recently had a vision correction procedure such as RK or Lasik surgery? | | |
| Are you considering having vision correction procedures in the next 3 months? | | |
| Are you prone to eye infections (i.e., conjunctivitis/pink eye)? | | |

| | | |
|--|--|--|
| Do you have Alopecia Universalis (total) or Alopecia Areata (local)? | | |
| | | |

GENERAL INFORMATION

| | YES | NO |
|--|-------|-------|
| Do you tint your brows? | | |
| Do you tint your lashes? | | |
| Have you had Gore-Tex implants? If yes, where? | | |
| Botox? When? | | |
| Have you had fat transfer injections? If yes, where? | | |
| Have you had any other aesthetic procedures, even in the form of cosmetic surgery? If yes, Describe procedures? When? | _____ | _____ |
| If yes, are you happy with the results? | | |
| Have you ever had a chemical peel? What type of peel? | | |
| Do you practice any outdoor activities regularly? If yes circle which ones? Tennis Golf Gardening Boating Swimming Skiing Other | | |
| | | |
| | | |

If you are presently under a physician's care for any condition, please describe. _____

Physician's Name & Address _____ Phone (____) _____