



PERMANENT COSMETICS MAY NOT BE FOR YOU IF...

- Pregnant or Nursing
- Those prone to keloid scarring or post-inflammatory hypo pigmentation.
- Diabetes (will need medical clearance)
- A history of MRSA in the last 6 months.
- If you have a transmittable blood disease such as HIV or Hepatitis.
- Abnormal Heart Condition (will need medical clearance)
- Patients undergoing Chemotherapy
- You have any kind of skin condition on or near your eyebrows, eyelids or lips. This includes eczema, shingles, rashes, sunburn, psoriasis or anything else.
- Very Oily Skin
- Taking Accutane (need to be off for at least one year)
- Taking blood thinners such as Aspirin, Ibuprofen, Coumadin etc.
- Allergic reaction to rubbing alcohol or numbing agents
- Those with dark pre-existing permanent makeup.
- Those under the age of 18 years old.
- Taking sun sensitizing medications including but not limited to Retinol, Retin-A, vitamin A. These need to be stopped at least 2 weeks prior to procedure.
- Botox within the last 2 week
- Auto-immune deficiencies
- Severe acne
- Using lash growth serums (must be discontinued 6 weeks prior)
- Using glaucoma medication
- Conditions that cause very easy bleeding

Client Medical History Form

Name_____ Date_____

Address_____

Phone_____ Email_____

Emergency Contact_____ Phone_____

*Do you have or previously had any of the following:
(Circle YES or NO)

YES NO History of MRSA

YES NO Botox (Last treatment_____)

YES NO Diabetes

YES NO Blepharoplasty (Eyelid surgery)

YES NO Hepatitis A B C D

YES NO Forehead/Brow Lift

YES NO Easy Bleeding

YES NO Facelift

YES NO Alcoholism

YES NO Abnormal Heart Condition

YES NO Eye Surgery/Injury/Corneal Abrasion

YES NO Chemical Peel (Last Treatment_____)

YES NO Currently Pregnant or Breastfeeding

YES NO Brow or Lash Tinting

YES NO Autoimmune disorder

YES NO Oily Skin

YES NO Cancer (Year_____)

YES NO Accutane or acne treatment

YES NO Contact Lenses

YES NO Chemotherapy/ Radiation

YES NO Tan by booth or sun

YES NO Do you use skin care products containing Retin-A,
Glycolic Acid, or Alpha Hydroxyl?
YES NO Tumors/ Growth/ Cysts
YES NO Glaucoma
YES NO Lash growth serums (Latisse, etc)
YES NO Difficulty numbing with dental work
YES NO Taking blood thinners such as: Aspirin, Ibuprofen,
Alcohol, Coumadin etc
YES NO Allergic reaction to any medications such as Lidocaine,
Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol,
Carbopol, Lecithin, Propylene Glycol, Vitamin E,
other _____
YES NO Allergies to metals, food, etc _____
YES NO Any diseases or disorders not listed _____

Please list any medications you are taking _____

I agree that all the above information is true and accurate to the best of my knowledge.

Signed _____ Date _____

Special requests, concerns or remarks for the artist:



Consent and Release Agreement for Permanent Cosmetics

This document is designed to give information needed to make an informed choice of whether or not to undergo a permanent makeup application. If you have any questions, please do not hesitate to ask. Although permanent cosmetic tattooing is effective in most cases, no guarantee can be made that you will benefit from the procedure. This is the process of inserting pigment into the dermal layer of the skin. It is a form of tattooing, and though semi-permanent, it is considered a permanent marking. All instruments that enter the skin or come in contact with body fluids are sealed and/or sterilized before use and disposed of after use. Cross contamination guidelines are strictly adhered to. Generally, the results are exceptional. However, a perfect result is not a realistic expectation. It is usual and advised to book a follow up appointment 6 weeks after healing is completed.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 20-50%, soften, and look more natural. The pigment is permanent but will fade over time. Additional color freshen ups will likely be needed within 18 months to 2 years.

Print Name _____

Signature _____ Date _____

Photography Release Consent

We would like your permission to use “before and after” photos for advertising and insurance purposes. Your consent is necessary regarding advertising. Please circle and indicate with your signature for permission to use your photos in advertising.

Yes feel free to use them

No please do not use them

Print Name _____

Signature _____ Date _____

Possible Risks, Hazards or Complications

- Discomfort: There can be minor pain even after the topical anesthetic has been used.
- Infection: Infection is very unusual. The areas treated must be kept clean, and only freshly cleansed hands should touch the areas. See “After Care” instructions.
- Uneven Pigmentation: This can result from poor healing, infection, bleeding, or other causes. Your follow up appointment will likely correct any uneven appearance.
- Asymmetry: Every effort will be made to avoid uneven results. However, our faces are not naturally symmetrical, so adjustments may be necessary at the follow up appointment.
- Eye Exposure: There is a slight risk of eye injury when an eyeliner procedure is performed. Drops may be used to cleanse and flush the eye when necessary.
- Excessive Swelling or Bruising: Some bruising or swelling is possible. Ice packs may help. This typically disappears in 1-5 days.
- Anesthesia: Topical anesthetics are used to numb the area. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and Epinephrine cream or gel are typically used. If you are allergic to any of these, please inform the artist prior to the procedure.
- MRI: Because pigments used in permanent cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI technician of any tattoos or permanent cosmetics.
- Allergic Reaction: Although unusual, there is always a slight possibility of an unknown allergy to the pigment and other materials used during the procedure.

Consent and release for procedure performed:

Signature _____ Date _____



Statement of Consent and Recitals

Please read and initial all lines

_____ Aftercare instructions have been explained to me, and a written copy will be given to me to retain in my possession. I will follow to them to the best of my ability. If I have questions, I will call or email the salon.

_____ I understand that a certain amount of discomfort may be associated with this procedure, and that swelling, redness and bruising might occur.

_____ I understand that Retin A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

_____ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

_____ I understand that successful color saturation may NOT be guaranteed due to hidden scar tissue.

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, particularly if I am scheduled for an MRI.

_____ I accept the responsibility to explain to the artist my desire for specific color, shape, and position for any procedure done.

_____ I understand that implanted pigment color can change slightly or fade over time due to circumstances beyond control. I can maintain the color with future sessions.

_____ I acknowledge that the proposed procedure(s) involve inherent risks and have the possibility of complications during and/or following the procedure(s) such as infection, misplaced pigment, poor color retention, hyper-pigmentation and bleeding.

_____ I have been advised that a 6 week follow up session is highly recommended to make any adjustments to shape and color, or to fill in any areas that pigment may have had poor retention.

_____ I have been quoted the cost of today's appointment. There will be no refunds for this elective procedure. I certify that I have read the contents of this document. I understand the risks involved in this procedure. I have had the opportunity to ask questions and all have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize the artist from **BLINK LASH STUDIO** to perform the procedure agreed upon.

Procedure _____

Signature _____ Date _____

Artist's Signature _____ Date _____



DEPOSIT AGREEMENT

The appointment reservation deposit:

*is nonrefundable

*is required in order to book an appointment

The appointment reservation deposit will be forfeited if the appointment is not rescheduled at least 7 days in advance, except in the event of unforeseen, hazardous travel conditions.

An initial consultation is required for ALL clients before scheduling an appointment.

Signature: _____ Date: _____





BROW/MICROBLADING PRE-CARE

- Avoid heavy workouts 24 hours before procedure.
- Limit alcohol and caffeine 48 hours before procedure.
- Avoid tanning one week prior to procedure and do not arrive with a sunburn.
- Refrain from taking (if possible): aspirin, Niacin, Vitamin E or Advil (ibuprofen), fish oil, prenatal vitamins, nutritional shakes, hair, skin, nail” supplements 48 hours prior to procedure as these all thin the blood.
- Discontinue Retin-A at least 4 weeks prior (and avoid on eyebrow area after procedure).
- Refrain from use of any Alpha Hydroxy Acid (AHA) products close to the eyebrow area 2 weeks prior (and avoid on eyebrow area after procedure).
- Botox and filler on the forehead, temple, and eye area should be avoided 1 month prior to procedure for those who do not regularly receive injectables.
- No brow waxing, tinting, or threading one week prior (the more natural hair growth you have, the better!)
- Avoid chemical peels, microdermabrasion, and facials for 4 weeks prior to procedure.
- You must be off of the prescription Accutane for 1 year.
- If using an eyebrow growth serum, you must discontinue use at least 4 weeks prior to procedure.

Please Note: You will be more sensitive during your menstrual cycle.

ATTENTION:

We strongly advise prospective new clients to book their permanent cosmetic appointments at least 3-4 months in advance of vacations, weddings, and special occasions. This allows adequate time for healing. To have perfect brows it is a multi step process. Most brows cannot be achieved in just one session. Some clients need two sessions to achieve their desire density and shape.



Brow/Microblading Aftercare

Absorb, Wash, and Moisturize!

The day of the treatment: **Absorb**

*After the procedure, gently blot the area frequently with clean tissue to absorb excess lymph fluid. Do this frequently until the oozing has stopped. Continue this if lymph is present in the following days. Removing this fluid prevents hardening of the lymphatic fluids. Before bed, wash clean, air dry, then apply a rice grain amount of ointment.

*Days 1-7: **Wash**

Gently wash daily morning and night to remove bacteria, build up of product and oils, and dead skin. (Don't worry, THIS DOES NOT REMOVE THE PIGMENT!) Lather with mild soap (Cetaphil, baby shampoo, etc) on fingertips with a very light touch. Use gentle circles moving outward. SPLASH to rinse. To dry, gently pat with a clean tissue. Apply ointment once brows are completely dry. DO NOT use any cleansing products containing acids (glycolic, lactic, or AHA), or exfoliants.

*Days 1-7: **Moisturize**

Apply a rice grain amount of aftercare ointment with a cotton swab and spread it across the treated area. Be sure not to over-apply, as this will suffocate your skin and delay healing. The ointment should be barely noticeable on the skin. NEVER put the ointment on a wet or damp tattoo.

Here are some extra tips to help with a smooth and easy recovery:

Important Reminders

- Use a fresh pillowcase while you sleep.
- Let any scabbing or dry skin naturally exfoliate away. Picking can cause scarring or loss of color.
- No facials, botox, chemical treatments or microdermabrasion for 4 weeks.
- Avoid hot, sweaty exercise for one week.
- Avoid direct sun exposure or tanning for 4 weeks after the procedure. Wear a hat when outdoors.
- Avoid long, hot showers for the first 10 days.
- Avoid sleeping on your face for the first 10 days.
- Avoid face-down swimming, lakes, and hot tubs for the first 10 days.
- Avoid topical makeup and sunscreen on the area.
- DO NOT rub, pick, or scratch the treated area.

Remember, with the proper aftercare routine, you will have much better results with your brow procedure.

* Important note about showering:

Limit your showers so that you do not create too much steam. Keep your face/procedure area out of the water. Avoid your brows!

Makeup is NOT Permanent until HEALED! ***Your Healed results depend on YOU***