



## Permanent Cosmetic Makeup Pre-Procedure Advice

***Please read the following advice carefully and sign at the end.***

Permanent makeup procedures normally require multiple treatment sessions. For best results, clients will be required to return for at least one touchup session. It is recommended that the touchup take place between 5-8 weeks after the first session.

- Please be aware that color intensity will be significantly darker and sharper immediately after the procedure. This will reduce by 30-50%.
- Although numbing cream is used during the procedure, slight sensitivity or discomfort may still be felt by sensitive clients.
- Delicate or sensitive skin may be red and/or swollen after the procedure.
- Please do not consume alcohol the night before treatment.
- Where possible, try to avoid the following herbs and spices prior to your appointment: black pepper, cardamom, ginger, cayenne, cinnamon, garlic, horseradish, and mustard.

Applies to *eyebrows*:

- Any brow shaping using waxing should be performed at least 48 hours before the treatment.
- Electrolysis treatment should be undergone no less than 5 days before the treatment.
- AHA preparations should be undergone no less than 2 weeks before the treatment.
- Chemical, laser peel or Retin-A should not be utilized 6 weeks before the procedure.

### ***Topical Anesthetic Advice***

**Anesthetic Use:** Topical cream anesthetic is placed over the treatment area and left for approximately 15-30 minutes (depending on the area) then carefully removed prior to starting the procedure. Once the skin is broken, a liquid anesthetic is used during the treatment session.

**Allergic reaction:** An allergic reaction can occur from any anesthetics used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.

**Numbness:** We cannot accept responsibility if the area to be treated does not respond well to the numbing cream or liquid anesthetics. Some clients report the area to be completely numb while others may experience some discomfort.

**I have read and fully understand the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of anesthetic for the permanent makeup procedure. I agree to follow pre-procedure advice closely.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Client Consultation/Medical Health Form

<b>Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Address:</b>		
<b>Phone Number:</b>	<b>Email:</b>	<b>Occupation:</b>
<b>List of Medications taken within the last 6 months:</b>		
<b>Have you received chemotherapy or radiation in the past year?</b>		
<b>Have you ever had an allergic reaction to any of the following?</b> <input type="checkbox"/> Lanolin <input type="checkbox"/> Latex <input type="checkbox"/> Vaseline <input type="checkbox"/> Medication		
<input type="checkbox"/> Metals <input type="checkbox"/> Hair Dyes <input type="checkbox"/> Foods <input type="checkbox"/> Lidocaine <input type="checkbox"/> Paints <input type="checkbox"/> Crayons <input type="checkbox"/> Glycerin <input type="checkbox"/> Dyes		
<b>List Other Allergies:</b>		
<b>Have you ever had one of the following?</b> <input type="checkbox"/> Retin-A (within last 2 weeks) <input type="checkbox"/> Anemia <input type="checkbox"/> Sensitivity to Cosmetics		
<input type="checkbox"/> Prolonged Bleeding <input type="checkbox"/> Trichotillomania <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Artificial Heart Valves		
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hemophilia <input type="checkbox"/> Fainting Spells/Dizziness <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Liver Disease		
<input type="checkbox"/> Circulatory Problems <input type="checkbox"/> Epilepsy <input type="checkbox"/> Tumors, growths or Cysts <input type="checkbox"/> Thyroid Disturbance <input type="checkbox"/> HIV		
<input type="checkbox"/> Hair Loss <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer <input type="checkbox"/> Chemical/Laser Peel within 6 weeks <input type="checkbox"/> Alopecia		
<input type="checkbox"/> AHA preparations in last 2 weeks <input type="checkbox"/> Fat Injections, Botox or Collagen Injections <input type="checkbox"/> Hypertrophic Scars		
<input type="checkbox"/> Keloid Scars <input type="checkbox"/> Healing Issues <input type="checkbox"/> Bruise or Bleed easily <input type="checkbox"/> Currently Pregnant <input type="checkbox"/> Currently Nursing		
<b>What are the main concerns relating to your eyebrows?</b>		
<b>What would you like to improve? Think about shape, color, density, thickness...</b>		
<b>For Permanent Makeup Artist Use:</b> (Note pigments, blades, needles, anesthetics and techniques used)		
<b>Please read the following statements carefully:</b> Microblading/Powder Brow and eyeliners are a form of cosmetic tattooing. Touchup procedures may be required. A healing period of 5 weeks is required before a touchup procedure can be performed to minimize the risk of scarring. On a rare occasion, the pigment may migrate under the skin. Permanent makeup procedure may be slightly uncomfortable. The pigments will fade. Immediately after the procedure, the pigment can appear 30-50% darker than the desired result. Although extremely rare, there may be an immediate or delayed allergic reaction to pigment. A negative patch test does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. Permanent cosmetics cannot be applied to pregnant women or nursing mothers. Permanent cosmetics cannot be applied to any person under the age of 18. Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after permanent makeup procedure, you should notify/discuss with your doctor. Possible scarring may occur but is rare.		
I have received aftercare instructions and I'm fully aware of the aftercare procedures. _____ <i>initials</i>		
I fully understand the information provided above. _____ <i>initials</i>		
I can confirm that all of the information provided by me is correct and truthful. _____ <i>initials</i>		
<b>Client full name:</b>	<b>Signature/Date:</b>	
<b>Permanent Makeup Artist name: Tanya Verdin</b>	<b>Signature/Date:</b>	



## General Consent Form

Please read this form fully and sign at the end. If you are unsure about a particular detail on the form, please speak to your permanent makeup technician.

- If an unforeseen condition arises during the permanent makeup procedure, I authorize my permanent makeup artist to use his/her professional judgement to decide what he/she feels is necessary under the given circumstances.
- I accept the responsibility for determining the color, shape and placement of the permanent makeup as agreed during consultation.
- I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment.
- I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.
- I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.
- I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.
- I understand and accept that each procedure is determined by the following: medication, skin characteristics (dry, oily, sun damaged, thick or thin skin type), personal ph balance of the skin, alcohol intake, smoking, and post procedure aftercare.
- Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur.
- You may resume your normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see aftercare instruction sheet for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional makeup on the affected area.
- I have been advised that the true color will be seen 1 month after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.
- To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have the procedure done at this time.
- I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. I can confirm that I have received a copy of the aftercare details.
- I understand that this permanent makeup service is non-refundable.
- Being of sound mind and body, I accept all responsibility for any consequences that might stem from my decision to have any permanent cosmetics procedures performed by **Tanya M Verdin**.
- For the purpose of documentation, record and use in portfolio, also consent to the taking of before and after photos of my procedure.

I certify that I have read and fully understand the above general consent; that the explanations therein referred to were made and accept full responsibility for these and other complications which may arise or result during or following the permanent makeup procedure. The treatment is performed at my request according to this consent, pre-procedure form and post procedure guidelines. I hereby authorize technician **Tanya M Verdin** to perform permanent makeup on me at **124 S Prospect Ave, Suite 2, Park Ridge, IL 60068.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_