

Pre – Treatment Advice and Procedures

1. Since delicate skin or sensitive areas may swell slightly, or redden, it is advised not to make social plans for the same day. Lip liner may appear “crusty” for up to one week.
2. Please wear your normal make-up to the procedure. If you are having lips or brows done, please bring your favorite pencils.
3. If unwanted hair is normally removed in the area to be treated, i.e.; tweezing or waxing, the hair removal should be done at least 24 hours prior to your procedure. Electrolysis should not be done within five days of the procedure. Do not resume any method of hair removal for a week after the procedure.
4. If eyelashes or eyebrows are normally dyed, do not have that procedure done within 48 hours of this procedure. Wait one week after the eyebrow or eyeliner procedure before dyeing lashes or brows.
5. If you wear contact lenses and are having eyeliner done, do not wear your lenses to your appointment and do not replace them until the day after the procedure.
6. If you are having the eyeliner procedure done, as a safety precaution, in case of watering or swelling, we recommend that you have someone available, or accompany you who could drive you home if you so decide, or if it is necessary.
7. If you are having lipliner done and have had a previous problem with cold sores, fever blisters, or mouth ulcers, the procedure is likely to re-activate the problem. Your Intradermal Cosmetic Technician can make recommendations to help prevent or minimize the outbreak.
8. We recommend allergy testing of the pigment (lipliner or skin tone pigments) one week before the planned procedure.
9. Do not use aspirin or ibuprofen for 7 days prior to your procedure.

We look forward to working with you. If you have any questions, please call or make notes so we can discuss them with you when you arrive for your appointment.

Medical History Form

Today's Date: ___/___/___

Birth Date: ___/___/___

Name: _____

Email Address: _____

Home Address: _____

Street City State Zip

Work Address: _____

Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Employer: _____ Occupation: _____

Are you now or have you been under the care of a physician within the last two years? _____ *If yes, please provide Physician's Name, address and phone number.* _____

Person to contact in an emergency: _____

Name

Address & Phone No.

List all medications you are currently taking, including Retin A, Glycolic Acid and Acutane:

List any drug, makeup skin or food allergies (i.e., soaps or cleansing creams): _____

Have you recently undergone a skin peel? _____

What products do you use for skin care? _____

Do you have or have you had any of the following conditions (answer Yes or No):

- | | |
|-------------------------------------------------------------------|---------------------------------------|
| _____ Abnormal Heart Condition | _____ "Dry Eye" |
| _____ Cold Sores | _____ Corneal Abrasions |
| _____ Herpes Simplex | _____ Eye Surgery or Injury |
| _____ Hemophilia | _____ Blepharoplasty (eyelid surgery) |
| _____ High or Low Blood Pressure | _____ Visual Disturbances |
| _____ Prolonged Bleeding | _____ Cancer |
| _____ Circulatory Problems | _____ Tumors/Growths/Cysts |
| _____ Epilepsy | _____ Chemotherapy/Radiation |
| _____ Diabetes | _____ Are you pregnant? |
| _____ Fainting Spells/Dizziness | _____ Hepatitis |
| _____ Cataracts | _____ Do you wear contact lenses? |
| _____ Glaucoma | _____ Do you use tobacco products? |
| _____ Are you using any eye drops or other ocular medications? | |
| _____ Have you ever experienced hyperpigmentation from an injury? | |
| _____ Are you currently taking aspirin or ibuprofen? | |

When was your last eye exam? ___/___/___

Examining Physician: _____

Signature

Date

Disclosure and Consent for Tattoo and Dermal Procedures

I, _____, as a client have requested that you describe the procedure to be utilized so that I may make an informed decision whether or not to undergo the procedure.

You have described the recommended procedure to be used as Micro Pigment Implantation, the process of implanting micro insertions of pigment into the dermal layer of skin. Micro Pigment Implantation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request as my intradermal cosmetic technician, Silvia and such association and technical assistance as she may deem necessary to perform on my body the following procedure (circle all that apply):

UPPER EYELID LOWER EYELID LOWER MUCOSAL EYELID EYEBROW FULL LIP COLOR LIPLINER AREOLAS CAMOUFLAGE STRETCH MARKS
OTHER: _____

Please Check:

_____ I hereby authorize Silvia to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for the purpose of advertising.

_____ I hereby authorize Silvia to take photographs of the work performed both before and after treatment to be maintained only in file.

Please Initial:

_____ I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

_____ I have informed Silvia that I am in good health and not under the care of any physician.

_____ I am currently under the care of a physician.

Physician's Name: _____

Physician's Specialty: _____

Address: _____

City, ST, Zip: _____

Phone: _____

I am being treated for the following condition(s): _____

Disclosure and Consent for Tattoo and Dermal Procedures (continued)

_____ I understand that no warranty or guarantees have been made to me as to the results.

_____ I understand that there is a possibility of hyperpigmentation resulting from a procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.

_____ I have been told that there may be risks and hazards related to the performance of the procedure planned for me.

_____ I have been told that this procedure will involve pain and discomfort.

_____ I have been told that the markings are permanent and there is a risk of pigment migration and infection following the procedure.

_____ I have been told that a follow up procedure may be required and that the color of pigmentation may fade.

_____ I have been told that there is a chance that I may experience a corneal abrasion from the eyeliner procedure.

_____ I have been told that there is a chance of allergic reaction to pigment(s) or other materials used and that my body may reject the pigment.

_____ I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

_____ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Silvia and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and Silvia or the breach thereof, shall be settled by arbitration in the state of TEXAS in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

_____ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Silvia, a health care practitioner, TEXAS Department of Health, Drugs and Medical Devices Division, at 1-888-839-6676.

_____ I have received a copy of the Post Procedure Instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.

_____ I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

Signature

Date

Post Procedure Instructions

Immediately Following Cosmetic Tattoo Procedure:

- Apply ice to treated area for 10 – 30 minutes. Ice helps reduce swelling and aids in healing

For 14 Days Following Cosmetic Tattoo Procedure:

- Do not expose treated area to the sun.
- You may apply makeup over the treated area, but remove only with Vaseline.
- Absolutely no cleansing creams or chemicals. **Gently** cleanse the intradermal cosmetic area with a mild antibacterial soap. You may rinse with water and lightly pat the area dry, **Absolutely no scrubbing.**
- Do not pick at the epithelial crust, allow it to flake of on its own.
- Do not soak treated area in a bath, swimming pool or hot tub. Do not swim in fresh, salt or chlorinated pool water.
- Do not expose treated area to full pressure of the water in the shower.
- Apply antibiotic ointment daily. This is especially important after cleansing and before bedtime.
- Use a sterile bandage(s) or sterile dressing(s) when necessary.

Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection.

Remember, colors appear brighter and more sharply defined immediately following the procedure. As the healing progresses, color will soften. Makeup may be used to tone color down until this time.

If you have an infection, adverse reaction or allergic reaction to the procedure, you must notify Silvia, a doctor and the TEXAS Department of Health.

If necessary, an appointment for a touch up procedure may be made between four and six weeks following the initial procedure at no extra charge. **IF YOU HAVE ANY QUESTIONS CALL.**

I have read and understand the above instructions: _____
Signature

TO BE COMPLETED BY TECHNICIAN

Photocopy Driver's License Here
Or Record Necessary Information

Name: _____

License Number: _____

State: _____

Date of Birth: _____

Age: _____

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CLIENT COPY

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Enjoy your Permanent Cosmetics!