

Permanent Makeup Consent



Date: _____

Name: _____ Date of Birth: _____ Age _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Driver License: State: _____ Number: _____

How did you hear about us: _____

Procedure to be done: _____

Fees agreed upon: _____

(Office Use Only)



Medical History

In case of emergency, please notify _____ at Phone _____

List medications you are currently taking: _____

Allergies, including drug, makeup, food, latex _____

Have you recently undergone a skin peel? _____

Are you pregnant? _____ Anything else to be aware of? _____

___ Heart condition

___ Cold sores

___ Herpes simplex

___ Hemophilia

___ High/low blood pressure

___ Prolonged bleeding

___ Circulatory problems

___ Epilepsy

___ Cataracts

___ Hyperpigmentation

___ Dry eye

___ Corneal abrasions

___ Eye surgery or injury

___ Cancer/tumors/growth/cysts

___ Chemotherapy/radiation

___ Hepatitis

___ Wear contact lenses?

___ Fainting spells?

___ Glaucoma

___ Keloids

Other medical issues: _____

Signature and Date



Disclosure and Consent Procedures

Please initial:

____ I have been told that a follow up procedure may be required, at a fee of \$50

____ I have been told that permanent makeup application is a form of tattooing.

____ I understand that an allergic reaction is a possibility, I understand that a skin test of the pigment to be used is offered upon request and the test is not viewed by a medical professional unless I make arrangements to have this done myself. A non-reactive skin test does not preclude an allergic reaction occurring at a future point in time.

I decline the skin test. _____

____ I have been advised that topical antibiotics should be used for aftercare. (Tattoo Goo®)

____ I understand that no warranties or guarantees have been made to me as to the results, because results vary from individual to individual.

____ I understand that should I have a complaint at anytime whatsoever, I shall immediately notify Kelli Miner, and I further agree that any controversy or claim arising out of my decision to have permanent makeup applied, 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 may be entered in any court having jurisdiction thereof.

____ I understand that should I have an infection, adverse reaction or allergic reaction to the procedure, I must immediately notify Kelli Miner, and the Texas Dept of Health.

____ I have received a copy of the aftercare instructions. These instructions have been fully explained to me and I understand my obligation regarding aftercare and that failure to follow these instructions may hinder the healing process.

____ I consent to the taking of before and after photos, and further consent to the use of these photos for advertising purposes.

____ I have been given the opportunity to ask questions about the procedures. I certify that this form has been fully explained to me. I have read it and believe I have sufficient information to give this informed consent, and am hereby requesting the cosmetic tattooing application.

Signature

Date



MICRO-BLADING/PERMANENT EYEBROWS AFTERCARE INSTRUCTIONS

Proper care following your procedure is necessary to achieve the best results. Keep in mind that in many cases, some unevenness of color is to be expected. Plan on a touch-up visit. The purpose of the touch-up visit is to correct any color or shape issues. Please review the following directions and refer to them as necessary. If during your healing process you have any questions or concerns, please contact us.

1. Gently blot the area with a sterile gauze pad (provided) to absorb excess lymph fluid Do this every 10 to 15 min for the first couple of hours until the weeping/oozing has stopped.
2. Do not expose the area to dirty or unsanitary conditions. Wearing glasses outdoors is a good way to protect new eyeliner from dust, etc.
3. Day 1-5 WASH
4. Gently wash once daily with a mild soap or baby shampoo (provided) to remove the old layer of Tattoo Goo®, bacteria, and dead skin. Don't worry, THIS DOES NOT REMOVE THE PIGMENT! With a very light touch, use your fingertips to gently cleanse the eyeliner. Rub the area in a smooth motion for 10 seconds and rinse thoroughly. To dry, gently pat with a clean tissue. Let air dry for five minutes before you reapply Tattoo Goo® ointment. Never put the Tattoo Goo® ointment on a wet or damp tattoo.
5. Day 1-5 MOISTURIZE
Apply a rice grain amount of Tattoo Goo® ointment (provided) to dry eyeliner with a cotton swab or thoroughly cleansed fingertips and spread it across the treated area. Be sure not to over-apply as this will suffocate your skin and hinder the healing process. The ointment should be barely noticeable on the skin.
6. Some itching is normal. DO NOT PICK, PEEL, OR SCRATCH the treated area or your color may heal unevenly and you risk scarring and infection.
7. No makeup is to be applied around the tattooed area during the first week of healing (5-7days). After any eyeliner procedure, use new mascara. Do not use an eyelash curler for two weeks.
8. Do not expose your healing skin to direct shower spray, skin creams, ointments, or lotions other than what you have been instructed to use for at least 5 days following your procedure.
9. Do not expose your healing skin to direct sun, tanning beds, hot tubs (tub bath if body area treated), saunas, salt water, chlorinated pools, or extremely hot water for 2 weeks following your procedure.
10. Do not swim in lakes or rivers for 2 weeks following the procedure.
11. If you are planning chemical exfoliation, or other medical procedure, please inform your physician of your cosmetic tattoo.
12. When healed, always use a good sunscreen daily. Even lips require protection. Sun exposure will fade your permanent cosmetics and may cause irritation even years later.
13. If you have an allergic reaction, or think you may have an infection, please contact a physician, notify Kelli Miner at 619-3227, and contact the TX State Dept. of Health at 1-888-839-6676.

FOLLOWING THE RIGHT AFTERCARE CAN TRULY MAKE A MASSIVE DIFFERENCE ON YOUR PROCEDURES

Client Signature _____ Date _____

YOU WILL RECEIVE A COPY OF THESE INSTRUCTIONS ALONG WITH AN AFTERCARE KIT