



Semi - Permanent Makeup PROCEDURE FORMS

Clients Name _____ Date: _____



Introduction

Micropigmentation (commonly known as Semi Permanent Makeup) is a procedure that should only be carried out by a trained specialist using approved equipment to implant colored pigments into the skin using sterile needles. The treatment requires your full consent and a medical history disclosure, as your specialist will need to be sure that you are a suitable candidate for your proposed procedures.

Your specialist, (circle) Salen Diep or Vivian Padilla or Skylynn Quinones, will describe the benefits and risks of your proposed treatment and record your consultation on this form.

This form will be used for reference and referred to on subsequent visits.

IT IS VITAL THAT YOU CLEARLY MARK AREAS, WHICH YOU NEED FURTHER CLARIFICATION OR DISCUSSION TO ENSURE THAT YOU ARE FULLY INFORMED BEFORE YOUR TREATMENT COMMENCES.

The technician will discuss what the procedure is likely to involve today, and about subsequent treatments.

You will be given verbal and written aftercare information along with the proper aftercare necessities such as creams/wash.

All details provided will be kept strictly confidential.



Procedure Consent Form For Semi-Permanent Makeup

This Shop will not perform any procedure on anyone under 18 years of age or under the influence of alcohol or illegal drugs or who is pregnant.

TO BE COMPLETED BY THE CLIENT

Title:
Mr./Mrs./Miss/Ms.....

Name:.....

Address:Postcode:.....

Mobile.....

D.O.B:.....Present Age:.....Occupation:.....

Email:.....

Who may we thank for referring you/How did you hear about us?.....

Procedure(s) interested in:.....

Price of treatment(s)..... Method of Payment: Cash or credit

Have you had previous work done elsewhere? YES NO
PLEASE advise tech before numbing procedure starts

MEDICATION AND MEDICAL INFORMATION

Are you currently under the care of a Doctor or hospital specialist? YES NO

If yes, please list the relevant details of your Doctor and condition(s):
.....
.....
.....

Do you wear any of the following: CONTACT LENSES GLASSES

Do you feel well and able to have the procedure today? YES NO



Have you recently undergone, or plan to have, any elective or necessary surgery?

YES NO

If yes please state:.....

Please circle all medical conditions that apply to you:

Pregnant	Cancer	Eye Disorder
Hyper pigmentation	Lupus	Skin Disorder
Scar heavily or Keloid when injured	HIV Positive	Mitral Valve Prolapse
Hemophilia	Venereal Disease	Herpes Simplex II
Diabetes	Fever Blisters	Cold Sores
Hepatitis	Asthma	Dry Eye Syndrome
TB/Lung Disease	Iron Deficient	Alopecia
Undergoing Radiation Therapy/Chemotherapy	Anemia	Epilepsy
Infectious Disease	Respiratory	Fainting Attacks

Please circle if you are taking any of the following medications:

Accutane	Anabuse
Insulin	Aspirin
Blood Thinners	Anti-Coagulant
Steroids	High Blood Pressure

Please check if you have any of the following allergies:

Anaesthetic Food or Medicine	Latex
Pleasters	Lanolin
Wax Crayons	Carpet Dyes
Metals	

Do you suffer from or have any problems with scars healing? YES NO

I understand the importance of my accurate and complete medical history. And that withholding any medical information may be detrimental to my health and safety during the procedure. I understand that if there is any change in my medical history that is my responsibility to advise my specialist.

SIGNATURE:.....DATE:.....



Allergy (Consent/Waiver) Form

(initialing accepted)

Patch Test Waiver

I understand that a skin test can determine if I will have a reaction within 24 hours to the products tested but that it is inconclusive regarding whether I will have an allergic reaction at any time in the future. Therefore, I waive my option to an allergy test and wish to proceed with a micropigmentation procedure as soon as possible. Patch Test will result in an appointment reschedule.

SIGNATURE:.....DATE:.....

Important Notice

If considering BOTOX or COLLAGEN please note injectables can alter the position of the eyebrows. If considering facial LASER HAIR REMOVAL please ensure you inform the LHR technician that you have had a semi-permanent/micropigmentation lip/liner. The reason for this is if laser is done over the vermilion border it can cause the work to change color. I understand that future laser treatments or other skin altering procedures, such as plastic surgery, chemical peels, implants and injectables may alter my semi-permanent make up.

SIGNATURE:.....

I HEREBY CONSENT TO THE APPLICATION OF MICROPIGMENTATION. I HAVE READ AND UNDERSTOOD ALL POINTS IN THE PROCEDURE CONSENT FORM AND ACCEPT FULL RESPONSIBILITY FOR ANY COMPLICATION THATMAY ARISE DURING OR FOLLOWING ALL MICROPIGMENTATION PROCEDURES. I ACCEPT NO REFUNDS WILL BE GIVEN FOR INCOMPLETE TREATMENTS OR FOR POOR SATURATION.

I HEREBY GIVE MY WRITTEN CONSENT FOR A FINISHING TOUCHES TRAINED TECHNICIAN TO CARRY OUT THE TREATMENT OF MY CHOICE, AS REQUESTED BY ME ON THE CONSENT AND PROCEDURE AGREEMENT.

SIGNATURE:.....DATE:.....

*****Previous work done elsewhere*****

I understand that if I had previous work done elsewhere that I am responsible for any additional costs today.

I understand that further touch up may be needed to achieve the results I am looking for and that it is not included in this initial session and or second touch up.

I have made my technician aware that I have had previous work done before my appointment.

SIGNATURE:.....DATE:.....



I absolutely understand that micropigmentation is an art process and is not an exact science and that every client heals differently. I understand that this is an elective procedure and is not medically necessary. I understand that I will need to return for a second treatment before my procedure can be deemed complete. If heavy makeup is required then I accept that I may require additional work, which I understand is chargeable. I understand that the second treatment needs to be taken after 1 month and before 3 months.

INITIAL:.....

If I do not return in the agreed time scale it is deemed that I am happy with a single procedure and that I will pay for any further procedures taken thereafter. I understand that no money will be refunded to me.

INITIAL:.....

I hereby release the technician from any liability related to any allergic reaction or other reaction to applied pigments or other products used after the procedure or at a later date. Pigments are composed of Iron Oxide, Alcohol, Water and Glycerin.

INITIAL:.....

All needles and machine parts are individually wrapped, sterile and are disposed of after each client. I accept that whilst in the treatment room universal precautions are taken but that my risk of infection begins the moment I leave the Shop.

INITIAL:.....

I confirm that I will agree pigment colors and final shape prior to any work commencing and that the technician will keep a log of the colors chosen by myself for my required procedure. All this information will be logged on file to assist with further visits. I fully agree to photographs being taken prior to and after procedure (which will be kept on file and not used for any other purpose, unless I agree in writing) INITIAL:_____



I accept that after each treatment the area treated may swell or show redness and in some cases bruising. I accept some discomfort. I also accept that the area immediately after treatment will show a color darker than that chosen - this darker color will slough and lighten over the following 5-15 days (the healing process varies from person to person depending upon many variables). I accept that should I accidentally pick, pull or knock the treated area then I could get gaps.

SIGNATURE:.....

If there are gaps or areas that may require a 3rd session, I am aware that I have to wait a complete 6-7 weeks for healing prior to contacting us at 845-541-5673. There is an additional cost for a third session and must be done within 50- 60 days after the second session.

INITIAL:_____

I confirm I will strictly adhere to the typed-care instructions posted/handed to me and only use the after-care products given. I understand that complications are possible, particularly if post-procedure aftercare instructions are not followed and if I get an infection post-procedure I will visit my Doctor immediately and accept that it could be due to the fact that I do not live in sterile conditions. If I have any questions or queries after the procedure I will telephone the technician to discuss.

I fully understand that the skin type of every client is different and have been advised that pigment should stay visible in the skin from 2 to 5 years (and in some cases indefinitely). Also that lighter colors will fade quicker than darker colors, and that colors will change with time. The skin type of every client is different and color should stay visible in the skin for several years (and in some cases indefinitely). The pigment will be present permanently but will not necessarily be visible. A re-touch procedure will be required periodically to keep the procedure looking fresh. This is dependent on age, skin type and color chosen.

INITIAL:.....

I understand that when my procedure has been completed the technician will provide me with the opportunity to discuss any immediate concerns and provide me with after care instructions that must be adhered to.

SIGNATURE:.....



Photographic/DVD Release Form

I..... Consent that the micro pigmentation specialist Salen Diep, may use any photographs or video footage taken for promotional purposes.

Signed:.....Date:.....

PRINT
NAME:.....

Salen/ Vivian/ Skylynn , Licensed & Certified Microblading
Specialist:_____
Date:_____



845-541-5673

POST PROCEDURAL CARE FOR EYEBROWS

DAY 1: Please wash hands with antibacterial soap prior to washing your eyebrows. Wash your eyebrows ONCE tonight or every 2-3 hours very well with a gentle cleanser (white tub) and lukewarm water TONIGHT ONLY. Gently pat the eyebrows dry with a tissue and apply the thinnest possible layer of skin candy (provided) using a q-tip or clean hands.

Day 2-7: Keep your eyebrows lightly glossed with the skin candy for 1-2 times a day whenever you feel they are dry for the next 7 days. DO NOT OVERUSE THE OINTMENT as it should last up to 7 days. Please do not suffocate your eyebrows.

1. Do not use any Retin-A, Glycolic Acids, Peroxide or Neosporin while healing.
2. Do not scrub, scratch or pick your eyebrows off.
3. Do not take hot steamy showers and avoid your eyebrows from the showerhead. If they're accidentally wet, please carefully pat them dry.
4. Do not expose area to the sun or tanning beds.
5. Avoid facials, Botox, chemical peels, swimming, whirlpools, saunas for 8days.
6. Do not exercise for the first 3-5 days. No heavy sweating.
7. Do not apply any makeup on your eyebrows while healing.
8. Do not tint your eyebrows for the next 10 days.
9. Avoid sleeping on your face for the next 10 days.

WHAT TO EXPECT AFTER THE PROCEDURE:

Your newly microbladed eyebrows will go through several phases during the healing cycle. The pigment will appear very SHARP and DARK immediately after the procedure. This is because the pigment is sitting on top of the skin and has not settled completely. The color of the pigment will soften gradually during the healing process. Do not be alarmed if you see the pigment on the q-tip, as this is the excess pigment or bodily fluids that is naturally exiting your skin.

Days 1-5: Your eyebrows will look 20-30% darker than your desired color. This is part of the scab formation from the procedure. DO NOT panic, they will fade.

Days 5-14: Your eyebrows will begin to naturally peel off and get flaky. The pigment might appear to have completely come off & look very faded. This process is called a skin haze (opaque) & the desired color will be gradually come back within a few days up to 7 weeks when the full healing process is complete.

When peeling is complete: The color may lighter than your desired color & the shape might be smaller than your desired size. There might also be patchy areas that didn't take. Please take note of the changes and additions you'd like to make on your eyebrows at our retouch session.