



Permanent Makeup Aftercare Instructions

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 some available, or accompany you, who could drive you home if you so decide, or if it is necessary.
7. If you are having lip liner done and have had previous problems 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 may perform allergy testing of pigment before the planned procedure.
9. Do not use aspirin or ibuprofen for 7-days prior to your procedure.

I 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.



Client Copy For All Procedures

(Eyebrows, Eyeliners, Lip Liner/Full Lips, Areola, and Scar Camouflage)

Immediately Following Cosmetic Tattoo Procedure:

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

Following application of permanent cosmetics:

1. Apply white petroleum jelly sparingly twice following the procedure, using a clean cotton swab; not your fingertips.
2. Do not rub or pick at epithelial crust; allow it to flake off on its own. There should be absolutely no scrubbing, 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. Do not expose treated area to full pressure of the water in the shower.
3. Do not soak treated area in bath, swimming pool or hot tub. Do not swim in fresh, salt or chlorinated pool water.
4. Do not expose the treated area to the sun.
5. Use a total sun block after the procedure area has healed to prevent future fading of pigment color.
6. Do not use mascara or an eyelash curler for seven days post procedure. When you resume use purchase a new tube, the old tube may have bacteria in it.
7. If you are a blood donor you cannot give blood for 1 year. Following your procedure. (Per American Red Cross.)
8. Use sterile bandages and dressings when necessary. **(Areola and Camouflage procedure cannot be guaranteed. This is an experimental procedure.)**

I understand that at the first sign of an infection, adverse reaction or allergic reaction to the procedure, I must notify a health care practitioner, Josanne Stephens, and the Department of Health, Drugs and Medical Devices Division.

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. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete. Touch-up procedures must be made between 30-60 days following the procedure. Additional fees will apply for touch-ups after 60 days following the procedure. If necessary, an appointment for a touch-up can be made.

Student/Class Procedures DO NOT include touchup, additional fee applies.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL.

Enjoy your permanent cosmetics!

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, Josanne Stephens and such association and technical assistance as she may deem necessary to perform o my body the following procedure:

___ UPPER EYELID	___ EYEBROW	___ SCAR
___ LOWER EYELID	___ FULL LIP COLOR	___ CAMOUFLAGE
___ LOWER MUCOSAL	___ LIP LINER	___ STRETCH MARKS
___ EYELID	___ AREOLAS	___ OTHER _____

Please Initial Below:

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

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

_____ I am currently under the care of a physician and I am being treated for the following condition(s):

Physician's Name: _____ **Phone Number:** _____

Address: _____ **City/State:** _____ **Zip:** _____

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 been told that there may be known and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

_____ I acknowledge the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigment. I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment;

Disclosure and Consent for Tattoo and Dermal Procedures (continued)...

However, spot testing does not identify individuals who may have a delayed allergic reaction to pigment. I agree to:

_____ **RECEIVE** _____ **WAIVE** a spot test prior to application and I agree to release Josanne Stephens and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments.

_____ I have been told that allergic reactions to pigment are very rare, however, they can and do occur and when they occur they can be serious and especially difficult and very troublesome to treat.

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

_____ I understand the markings are permanent and that there is a possibility of hyper pigmentation resulting from a procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

_____ I have been told that follow up procedure may be required.

_____ I have been told that there is a chance that I may experience a corneal abrasion.

_____ Other risks involved with the procedure may include, but not limited to: infections, allergic and other reaction(s) to applied pigments, allergic and other reaction(s) to products applied during and after the procedure, fanning or spreading of pigment (pigment migration), fading of color and other unknown risks.

_____ I accept full responsibility for any and all, present and future, medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me.

_____ 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 complaint of any kind whatsoever, I shall immediately notify Josanne Stephens, 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 Josanne Stephens, 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 Josanne Stephens, a health care practitioner, Texas Department of Health, Drugs and Medical Devices Division 1-888-839-6676.

_____ 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.

_____ 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.

Signature

Date

Medical History Form

Today's Date: ____/____/____

Birthdate: ____/____/____

Name: _____

Home Address: _____

Work Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Email: _____

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: _____

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

Have ever had Botox or filler for the lips or facial area: _____

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

_____ Cold Sores

_____ Herpes Simplex

_____ Hemophilia

_____ High or Low Blood Pressure

_____ Prolonged Bleeding

_____ Circulatory Problems

_____ Epilepsy

_____ Diabetes

_____ Fainting Spells/Dizziness

_____ Cataracts

_____ Glaucoma

_____ Are you using any eye drops or other ocular medications?

_____ Have you ever experienced hyper-pigmentation from an injury?

_____ Are you currently taking aspirin or ibuprofen?

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

Examining Physician: _____

_____ "Dry Eye"

_____ Corneal Abrasions

_____ Eye Surgery or Injury

_____ Blepharoplasty (eyelid surgery)

_____ Visual Disturbances

_____ Cancer

_____ Tumors/Growths/Cysts

_____ Chemotherapy/Radiation

_____ Are you pregnant?

_____ Hepatitis

_____ Do you wear contact lenses?

_____ Do you use tobacco products?

Student/Class Procedures and Discount Procedures DO NOT include touchup.

Signature

Date

Post Procedure Instructions

Immediately Following ALL Cosmetic Tattoo Procedures:

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

For several days following application of permanent cosmetics until healed

- ❖ Apply white petroleum jelly sparingly twice following the procedure, using a clean cotton swab; not your fingertips.
- ❖ Do not rub or pick at epithelial crust; allow it to flake off on its own. There should be absolutely no scrubbing, 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. Do not expose treated area to full pressure of the water in the shower.
- ❖ Do not soak treated area in bath, swimming pool or hot tub. Do not swim in fresh, salt or chlorinated pool water.
- ❖ Do not expose the treated area to the sun.
- ❖ Use a total sun block after the procedure area has healed to prevent future fading.
- ❖ Do not use mascara or eyelash curlers for seven days post procedure. When you resume use, purchase a new tube, the old tube may have bacteria in it.
- ❖ If you are a blood donor you cannot give blood for 1 year. Following your procedure. (Per American Red Cross.)
- ❖ Use sterile bandages and dressings when necessary. **(Areola and Camouflage procedure cannot be guaranteed. This is an experimental procedure.)**

I understand that at the first sign of an infection, adverse reaction or allergic reaction to the procedure, I must notify Josanne Stephens, a health care practitioner, and the Texas Department of Health, Drugs and Medical Devices Division 1-888-839-6676.

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. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete. Touch-up procedures must be made between 30-60 days following the procedure. Additional fees will apply for touch-ups after 60 days following the procedure. If necessary, an appointment for a touch-up can be made. PLEASE FEEL FREE TO CALL IF YOU HAVE ANY FURTHER QUESTIONS.

Enjoy your permanent cosmetics!

Signature

****TO BE COMPLETED BY TECHNICIAN****

Photocopy Driver's License Here
Or Record Necessary Information

Name: _____

License Number: _____

State: _____

Date of Birth: _____

Date: _____

Name: _____

Address: _____

City: _____, State: _____, Zip: _____

Home Phone: _____

Work Phone: _____

Referred By: _____

Fees Discussed: _____

Procedure Request: _____

Areas of Concern: _____

TECHNICIAN NAME: _____

Pigment(s) Used: _____

Lot # & Batch #: _____

Expirations Date: _____

Machine(s) Needle(s) Used: _____

Anesthetic Used: _____

Touch-up(s) Done On: _____