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**Permanent Cosmetics Client History**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact you at these numbers? \_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCEDURE(S) DESIRED:** Check all of the following that apply: ☐ Upper Eyeliner ☐ Lower Eyeliner ☐ Lip Liner ☐ Full Lip Color ☐ Powder/ Solid Eyebrow ☐ Ombre Eyebrow ☐ Combination Eyebrow ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES:** Check if you have ever had an allergic reaction to any of the following and described what happened below. ☐ Latex Rubber ☐ Tattoo Ink/ Pigment ☐ Novocain/ Lidocaine ☐Benzocaine, Tetracaine ☐ Lanolin ☐Bacitracin Ointment ☐ Neomycin or Polymyxin B Ointment ☐ PABA ☐ Metal(s) ☐ Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EYES/EYEBROWS:** Check all of the following that apply:

☐ Contact Lenses ☐ Dry Eyes ☐ Eye Makeup Sensitivities ☐ Blurred Vision ☐Glaucoma ☐ Lasik/ Eye Surgery ☐ Thyroid Abnormalities (See addendum) ☐ Alopecia Areata (local) ☐ Lash/ Brow Growth Serum ☐ Trichotillomania-Pulling out Lashes/ Eyebrow Compulsively ☐ Alopecia Totalism ☐ Eyebrow/Lash Tinting ☐ Botox: Date of Last Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Other Eye Disorders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIPS:** Check all of the following that apply:

☐ Cold Sores/ Fever Blisters/ Herpes - If yes, an antiviral prescription is required prior to any lip procedures.

☐ Lip Injections - Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other Lip Augmentations-Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Teeth Bleaching - Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SKIN:** Check all of the following that apply:

☐ Any other tattoos: Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Age of Tattoo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Use of Sunlamp/ Tanning Beds/ Suntan Outdoors ☐ Currently Tanned in the area being Treated

☐ Currently using Retin -A - Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Currently using Glycolic Acid or Retinol

☐ Injectables such as Restylane, Juvéderm, or other fillers ☐ Oily Skin (see addendum)

☐ Have you ever had a Chemical Peel? When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Peel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Keloid or Hypertrophic Scars - Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Bruise or Bleed Easily ☐ Healing Problems

☐ Other active skin disorders - Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL MEDICAL:** Check all of the following that apply:

☐ Diabetes ☐ Heart Palpitations ☐ High Blood Pressure ☐ Mitral Valve Prolapse or Valve Implants ☐ Pregnant or Nursing ☐ Hemophilia or other Clotting Disorders ☐ Taken Accutane within the last 6 months ☐ Currently on Blood Thinners, Fish Oil, or Anticoagulants such as Coumadin, Aspirin, Ibuprofen, or Alcohol ☐ Do you have a condition such as Hepatitis, HIV, or undergoing treatment such as Chemotherapy that could affect healing? ☐ Autoimmune Disorders - Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Seizures – Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Current use of Controlled Substances - Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Please List any surgeries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are planning cosmetic or other surgeries/ procedures in the near future, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medications, prescription and non-prescription that you have taken in the past two weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are currently under a Physician's Care for any condition, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This history has been reviewed by the technician and my questions have been satisfactorily answered. I have also received and reviewed a copy of the Pre-Procedure Information Sheet, After Care Sheet, & Price List for all touch ups. (See last few pages of this packet for pages listed above) I understand them and agree to follow them.**

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

For Office use only: I have reviewed and approve of the color for the permanent makeup application I am receiving from Timeless Aesthetics Beauty Lounge today.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclosure and Consent for Cosmetic Tattoo and Dermal Procedures**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Paige Simpson and/or associates. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and agree as follows:

• I have informed Paige Simpson of any and all health problems:\_\_\_\_\_\_\_\_ **(initial)**

• I acknowledge that it is not reasonably possible to determine whether or not I might have an allergic reaction to any pigment, dyes, topical preparations, or process used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems:\_\_\_\_\_\_\_\_ **(initial)**

• I acknowledge that complications & infection are always possible as a result of the permanent makeup procedure, particularly in the event that post-procedural instructions are not followed & I have received a copy of the After Care Instructions:\_\_\_\_\_\_\_\_ **(initial)**

• I would like a patch test to be performed and will have my physician determine if there I have any allergies to be concerned with:\_\_\_\_\_\_\_\_ **(initial) OR** I Decline a patch test\_\_\_\_\_\_\_\_ **(initial)**

• Touchup visits are recommended to ‘fine tune’ your permanent cosmetics procedures within 60 days of the initial procedure. You can use your discretion on if you think you need that touchup and when. There is a touch up fee. The fees are listing by ‘time frame’. You can find that list at the back of this packet. \_\_\_\_\_\_\_\_ **(initial)**

• I realize that my body is unique and the practitioner or any of the practitioner’s associates cannot predict how my skin may react as a result of the procedure:\_\_\_\_\_\_\_\_ **(initial)**

• Red Heads, blondes & fair skin (Fitz 1-2) will be red, swollen and pigment MAY NOT take. Additional procedures may be required to obtain desired results:\_\_\_\_\_\_\_\_ **(initial)**

• Hair stroke eyebrows over time and aging WILL become more solid and powered looking:\_\_\_\_\_\_\_\_ **(initial)**

• **Eyeliner procedures only.** I acknowledge that there is a very slim chance of a corneal abrasion: \_\_\_\_\_\_\_\_ **(initial)**

**• Applies to Lip procedures only.** I acknowledge that the herpes Zoster1 Virus (fever blisters & cold sores) may manifest with lip procedures due to trauma to the lip tissue. The anticipation of a Herpes Zoster 1 Virus breakout may be and is advised to be pretreated with an anti-viral medication, which are available by prescriptions only from your doctor. **This is your responsibility. Although you medicate properly as advised with anti-viral, this does not guarantee you will not have an outbreak:\_\_\_\_\_\_\_\_(initial)**

• I acknowledge the treated areas will appear thicker and bolder immediately after the procedure. Results WILL appear softer as the treated area heals. The area(s) WILL NOT look as crisp or as bold as first procedure:\_\_\_\_\_\_\_\_ **(initial)**

• All procedures are recommended to have 2 appointments, the initial procedure and a ‘fine tune’ touch up. All permanent cosmetics require maintenance to keep them looking fresh & their best \_\_\_\_\_\_\_ **(initial)**

• I acknowledge that each procedure; Eyeliner, solid brows, Ombre/Powdered brows, 3-D hair stroke brows and lips fade differently. I further understand there is no way to determine how quickly they will fade:\_\_\_\_\_\_\_\_ **(initial)**

• I acknowledge & understand that if I have severely oily skin the pigment will appear much softer and may change the appearance to an eyebrow procedure due to over-productive oil glands. The pigment will fade quicker & may require more frequent touch-ups (fees apply):\_\_\_\_\_\_\_\_ **(initial)**

• Frequent tanning and sun exposure WILL fade the pigment quicker. It is recommended to NOT have a tan/burn on your face at the time of your procedure(s):\_\_\_\_\_\_\_\_ **(initial)**

• I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino & there like will appear softer and blend more with your own skins melanin and will not appear as bold or crisp as on lighter skin types:\_\_\_\_\_\_\_\_ **(initial)**

• Alopecia clients – Due to the change in skin texture, may require more frequent touchups & in some cases, the pigment will not retain:\_\_\_\_\_\_\_\_ **(initial)**

• I acknowledge that the procedure will result in a permanent change to my skin appearance and that no representations have been made to me as to later change or remove the result:\_\_\_\_\_\_\_\_ **(initial)**

• I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent makeup. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner’s associates. I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures:\_\_\_\_\_\_\_\_ **(initial)**

• I accept responsibility for determining the color, shape, and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin:\_\_\_\_\_\_\_\_ **(initial)**

• I acknowledge that the obtaining of permanent makeup procedure(s) is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the practitioner and/or any of the practitioner’s associates reasonably necessary to perform the procedure(s):\_\_\_\_\_\_\_\_ **(initial)**

• If you have had any tattoo removal prior to seeing Paige, due to scar tissue and skin healing, you may require multiple appointments and/or the pigment may not retain:\_\_\_\_\_\_\_\_ **(initial)**

• In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics, as some tingling or warming sensation may occur during the procedure:\_\_\_\_\_\_\_\_ **(initial)**

• I understand that if I do not abide by the strict after care, I can ruin my results. **The After Care is crucial for optimum pigment retention:\_\_\_\_\_\_\_\_ (initial)**

• I have read over and received a copy of my After Care:\_\_\_\_\_\_\_\_ **(initial)**

• I understand that with age and time, that pigment may no longer retain in your skin:\_\_\_\_\_\_\_\_ **(initial)**

• Due to the fact that your approval is obtained prior to final selection of color to be implanted and design application(s), that all the facts about cosmetic tattooing have either been disclosed or discussed with you, and that you have been given full opportunity to have all questions answered, Paige Simpson employs a NO REFUND policy:\_\_\_\_\_\_\_\_**(initial)**

• I authorize Paige Simpson to obtain pre-procedural and post-procedure pictures of the procedure area and give her permission to use such pictures for publication and marketing purposes, as she chooses:\_\_\_\_\_\_\_\_ **(initial)**

• This contract is to remain in effect for as long as I remain a client of Paige Simpson, and all its contents apply whenever work is being performed on myself by Paige Simpson. It is my responsibility to inform Paige Simpson if any changes may have occurred in my medical history:\_\_\_\_\_\_\_\_ **(initial)**

• Paige Simpson has the right to refuse service to anyone at any time for any reason:\_\_\_\_\_\_\_\_ **(initial)**

• Please understand that if Paige performs a permanent cosmetic procedure on you and you decide to go elsewhere for the touchup, color boost or any tattoo work has been performed on or around the tattoo Paige has created, **Paige WILL RELEASE YOU as a permanent cosmetics client and will NOT fix, remove, touchup or work on top of another technicians work**.: \_\_\_\_\_\_\_\_\_**(initial)**

**• I UNDERSTAND THAT COSMETIC TATTOOING IS AN ART AND NOT A SCIENCE, AND I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULT OF THIS PROCEDURE. SOME SKIN TYPES WILL NOT ACCEPT OR HEAL PIGMENT IN A CONSISTANT MANNER…THE HEALTH OF YOUR SKIN AND HOW WELL YOU TAKE CARE OF THE TREATED AREA(S) WILL DETERMINE YOUR RESULT. FURTHER MORE I ACKNOWLEDGE THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK:\_\_\_\_\_\_\_\_ (initial)**

I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this content to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Permanent Makeup APPOINTMENT POLICY**

Dear Client,

Your time is very important to me and I appreciate that you equally respect mine. Below is our appointment policy.

1. To reserve an appointment for a procedure(s), you are required to put a 50% deposit down in order to schedule your appointment(s**) If you cancel within that 48 hour window of your scheduled appointment, your 50% deposit is NON-REFUNDABLE. If you DO NOT show up to your scheduled appointment, your 50% deposit is NON-REFUNDABLE.** If you want to book for a future date after you’ve done a LATE CANCEL or a NO SHOW, **you will be required to pay for your procedure(s) in FULL at the time of scheduling your appointment**.

2. There is a $50 cost for an in person consultation that is prior to your procedure day. The $50 deposit will be applied toward any procedure of choice. **A 48 hour notice is required** to reschedule a consultation appointment. If you fail to cancel/reschedule this appointment within this time frame, your credit card will be charged **a NON-REFUNDABLE** $50.00 consult fee for wasting that time slot and will NOT be applied toward your procedure. In order to book another consultation, you will be required to **pre-pay** $50.00 for the next consultation you schedule.

3. Please do not bring children to appointment(s). This is a Safety/Health issue. No procedure will be performed when a child is present. If you show up with a child and I have to reschedule you and waste that appointment time slot you were scheduled for, you will be charge 50% of the cost of your procedure.

4. After the consultation by phone or in person, you will be given the cost of the procedure you are scheduled for. You will also be given a copy of these appointment policies. It is your responsibility to read the paperwork in its entirety. All policies will be in effect immediately. Clients are never pressured to schedule a procedure. In fact, all procedures should be carefully considered before scheduling them.

5. Pregnant or nursing women or anyone under the age of 18 will **not** be considered for tattooing. Please advise me now if any of these apply.

6. The first visit of the procedure is the Saturation visit. The following visit is known as the **“Focus or Fine Tune”** visit. As the names imply, the Saturation visit accomplishes the basic design and color saturation, and the Focus visit addresses perfection by focusing on balance, symmetry and detail of the healed result.

7. **All same appointment policies go for any and all touch up / color boost appointments.**

8. All color fades and your cosmetic tattoo will require maintenance. The amount of fading depends on several variables including medications you are on and topical treatments, but is primarily due to sun (ultraviolet) exposure; therefore measures should be taken to protect your permanent cosmetics from the sun, tanning beds etc..

*I, the undersigned, received these appointment policies both verbally and in written form and I agree to comply with them. My signature is my consent to charge my credit card the non-refundable deposit, should I decide to reserve an appointment by phone.*

Client Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-PROCEDURE INFORMATION**

All permanent cosmetic procedures are suggested to have 2 procedures (initial procedure & a ‘fine tune’ touchup, ideally within 60 days of initial procedure) As well as maintenance touch-ups to keep permanent cosmetics looking their best.

Be prepared for the color intensity of your procedure to be significantly sharper, brighter, or darker than what is expected for the final outcome. It will take time for this transition, based upon how quickly the outer layer of your skin exfoliates.

Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it best not to make any social plans for a day or two following any procedure. It is always best to avoid these procedures within a month prior to important life event. Procedures may take longer than expected to be complete.

1. Any type of oil supplements i.e. fish oil, flaxseed oil etc. should be stopped for a minimum of 4 weeks prior to your procedure. If this a Dr. prescribed, please consult with your Dr. that it is okay for you to be off for this amount of time.

2. Wear your normal makeup so Paige can see how you normally apply it, the day of the procedure.

3. Any tweezing or waxing should be done at least 48 hours prior to the procedure; electrolysis no less than 7 days before. Do not resume any method of hair removal for a minimum of two weeks.

4. If using any type of lash or brow growth serum, (such a Latiesse) should be stopped a *minimum* of 4 weeks prior to your procedure appointment with Paige. **THIS IS A MUST!**

5. Eyeliner clients who have watery eyes from allergies or any other reason, Paige would recommend to take an antihistamine the day before and the day of the procedure to help prevent excessive watering during and after procedure. Excessive watering will have an effect on how well the client will retain pigment.

6. If you are scheduled for an eyeliner procedure and you are wearing eyelash extensions, they’ll need to be removed a minimum of 24 hours prior to your eyeliner procedure.

7. Any eyelash or eyebrow tinting or eyelash curling should be done no sooner than 48 hours before, or two weeks after the procedure.

8. Do **NOT** wear contact lenses during or immediately following the eyeliner procedure. Remember to bring your glasses. You may resume wearing your contact lenses as soon as your eyes return to their pre-tattooed condition.

9. Following the eyeliner procedures, as a safety precaution, we recommend that you have someone available to accompany you or drive you home.

10. If you are having lip procedure, Paige requires you get a prescribed cold sore/fever blister medication from your physician, even if you’ve never had a cold sore/fever blister in the past. You’ll need to take this for 1 week prior and 1 week post procedure.

11. **Refrain from the use of alcohol, salt/sodium, aspirin, aspirin-containing medications, ibuprofen, fish oil or other blood-thinning medications for 3-7 days prior to your procedure.** These things listed above will make you bleed more during the procedure, therefore may result in poor pigment implantation and a more sever scab. ***No doctor prescribed medication should ever be discontinued without first consulting your physician.***

12. Refrain from mind-altering drugs at least 24 hours prior to this any procedure.

**AFTER CARE INSTRUCTIONS**

**Proper care following your procedure is important and required to achieve optimum results.** After your procedure you WILL be swollen. Some client swell minimally and some will swell more. Everyone heals differently. This can cause the area(s) to appear un-even, red, itchy and irritated while healing. The area will also appear much darker and thicker than the final result. It’s not uncommon for the procedure area to shrink anywhere from 10%40%. This typically happens with 3-30 days of the first procedure. **There WILL be some shedding and/or peeling or scabbing of the skin with some remnants of the color in it as the treated area heals.** DO NOT PICK! Some areas of the procedure may fade more than others and as the pigment oxidizes it will start to darken up again over 2-4 weeks. This is 100% normal and expected After the follow up visit, the body is used to the pigment and will retain much better and won’t fade as much as the initial procedure. **All permanent makeup is suggested to have 2 procedures, as well as maintenance “color boosts” to keep the procedure looking its best.** Your skin type and lifestyle will play a major roll on the final result.

1. All eyebrow procedures: approx. 4 hours after brows are complete, take a small amount of either distilled water or boiled water that is cooled to room temperature. Get paper towel wet and squeeze out excess water. Blot gently (DO NOT RUB) on brow area with moist paper towel to remove any lymph or blood that may have oozed out of the procedure area.
2. Keep your all eyebrow and eyeliner procedures area **DRY** during the healing process (14 days).
3. During healing process DO NOT expose your new procedure to sun, chemicals, hot tubs, saunas, direct shower spray, hot water, salt water, steam, chlorinated pools, lakes or ponds.
4. **EYEBROW PROCEDURE: NO EXCERCISING FOR A MINIMUM OF 10 DAYS OR UNTIL ALL YOUR SCABBING HAS NATURALLY COME OFF! NO EXCEPTION!!! DO NOT DO ANY ACTIVITY THAT CAUSES SWEAT IN THE AREA OF THE PROCEDURE OR YOUR FACE TO HEAT UP AND TURN RED.**
5. **ABSOLUTELY NO SUN EXPOSURE or TANNING/TANNING BEDS** during healing. Direct sun or sunbeds should be avoided indefinitely… Both are counter-productive to the cosmetic procedure.
6. Absolutely **NO** pet grooming, gardening, dusting or anything that causes dust, dirt and dander for a minimum of 72 hours. Waiting 5 full days is best.
7. NO Water activities, NO horseback riding, NO camping or riding ATIV’s etc.……
8. Ointment: Only apply ointment or Grapeseed oil that Crystal has provided you or recommended you get. ONLY OMBRE/POWDER BROWS, LIPS, & AREOLAS will require an ointment or oil. All other procedures will be required to DRY HEAL. Some itching is normal. DO NOT PICK, PEEL, OR SCRATCH the treated area or your color may heal unevenly and you risk pulling out pigment, scarring and infection.
9. No topical makeup on healing procedure(s) for a minimum of 7 days. You may apply makeup around the new procedure but avoid on healing areas. Topical makeup is bacterial and your new procedure(s) need adequate time to heal to avoid irritation and/or infection. After any eyeliner procedure, No mascara for 7 days post procedure. And after that 7 days, make sure you get a **new tube** of mascara. Do NOT use an eyelash curler for two weeks.
10. After a lip procedure, keep your lips moist at all times with Aquaphor. Drink through a straw for at least 3 days, avoid salty, spicy, oily foods or heat. If using herpes medication, continue as prescribed. Do not use teeth bleaching toothpastes or bleaching products until fully healed.
11. No contact lenses for 5 full day for eyeliner clients.
12. No facials, chemical peels or facial treatments for 3-4 weeks
13. Lastly… relax! Don’t worry about a thing. It’s just a tattoo that will lighten, soften and heal in a matter of days. Do exactly as I have advised you to do OR what not to do and all heals well. Complications are extremely rare.

**LONG-TERM CARE**

1. Use a good sunscreen daily - even the lips require protection. Sun exposure will fade your permanent cosmetics and may cause irritation even years later.
2. If you are planning chemical exfoliation, MRI, or other medical procedure, please inform your physician of your cosmetic tattoo.
3. If you donate blood, it is a Red Cross policy that you must wait one year after any tattooing procedure in unregulated states. Check if restrictions apply to you.

**Approximate Healing Schedule for Permanent Cosmetics**

**Eye Brows:**

Day: What to Expect:

**1-3:** What you see is about 15-20% darker, bolder and more solid that what your healed result will present. Under the pigment, the skin is red and pigment has been deposited into the layer of skin containing dead skin cells; combined giving the appearance of darker color. There may be minimal swelling but because typically the eyebrow area does not retain much fluid, swelling will be limited. The top layers of skin will begin to shed on about day 3-5, and you will see a loss of color. This is normal, and the pigment that was deposited superficially will come off with the skin it is embedded within. DO **NOT** PICK OR SCRATCH IT! Let it peel on its own. You can pull the pigment completely out!

**4-7:** Your eyebrows may begin to itch and the pigment may appear somewhat raised. Don't scratch or pick them. The skin is now in the throes of rapid exfoliation and if left alone, will shed evenly. The color under the exfoliating skin will continue to appear light until the epidermis takes on its more transparent characteristics.

**14-28**: Brows may appear much lighter after scabbing has come off, but over the course of the next few weeks the color will start to ‘loom’ in the skin again.

**28-30**: The healed color should be fully back and you will know whether you need a touchup or not at this point.

**Eye Liner**:

Day: What to Expect:

**1-2:** Eyes may vary from slightly puffy to swollen, tender, heavy lids, light sensitive and possibly bloodshot. Eyeliner may appear thicker and darker that what it will look healed. You may have some bruising. You may look as though you’ve been crying or have allergies. It's advisable to sleep in an elevated position to help reduce swelling at night. The morning of day 2 the swelling will be at its peak. You can use cold packs wrapped in a clean paper towel (each time, get a new paper towel) 10 minutes on and 10 min off. Do a few times each day for the first 48 hours.

**3-4**: Less swelling. The eye tissue still feels tight and tender. The peeling begins. The feeling of tightness and itching is normal. Put on grape seed oil if absolutely necessary.

**5-7:** Dark outer color continues to flake off and you’ll see a softer, thinner eyeliner. Color may look grayish or ashy until color clarifies. You can go back to wearing contacts after day 5.

**Note:** Wait 4 weeks before applying eyelash extensions, as well as using Latisse or other like products. Latiesse and other like products have been documented to lighten the tattoo color on some occasions

**Lips:**

Day: What to Expect:

**1-2**: Swelling, tender, heavy thick and bright lipstick appearance. You may experience discomfort in the lips. **Keep moist at all times!**

**3:** Less swollen, still vibrant and might still feel hot. Thick texture… Crusty. Peeling may being on this day.

**4:** Skin begins to peel. Do not pick or peel. Lip color under peeling skin will appear very light in color.

**5:** Lips will appear and feel very chapped and dry. Peeling should be almost finished (peeling could occur 2 times during healing process)

**6:** You will begin to see a softer version of the lip color appear.

**7:** Color may seem to disappear and almost become 'frosty' in appearance. This is the second chapping process. They may appear to be whitish in color. This may continue until about day 13

**14:** Color begins to 'bloom' little by little each day. Keep well moisturized.

**21-28**: Healing is complete. The color you see is the color you will retain. Lips may feel dry for up to 2 months. Use good lip balm **(Aquaphor)** and sunscreen. Keep moisturized.

**NOTE:** The outcome of permanent cosmetic procedures is dictated by its canvas. The better condition your skin is in, the better the final result will be. Dry, sun damaged skin and lips are very difficult to achieve a beautiful even result. Mature clients may need an additional one to two weeks healing for the final results to appear.

The better you take care of your skin and protect it from UV rays, the better the outcome and lifespan of the permanent cosmetic procedures.

**Permanent Cosmetics Price List:**

**Eyebrow Options:**

**Ombre/Powdered Eyebrows:** Giving ‘soft, powdery effect with all over color: **$525**

**Mixed Eyebrow:** Combines hair strokes and powdered effect**: $650**

**EYELINER OPTIONS:**

**Basic Eyeliner** (Thin or Medium liner above lash line) Upper Only: **$425**

**\* Add on lower - $500**

**Lash Enhancement** (thin liner or soft, smoky liner in the lash line) Upper Only: **$375**

**\*Add on lower: $450**

**LIP OPTIONS:**

**Full lip color: $600**

**Blended lip: $500** (lip liner with color blended halfway into the lip)

**Lip Liner: $350**

**Touch Up Price List:**

**Eyeliner & Eyebrow Touch Ups:**

**$75** (within 1-2 months after initial procedure)

**$125** (within 2-4 months after initial procedure)

**$200** (within 4-6 months after initial procedure)

**$250** (within 6-9 months after initial procedure)

**$300** (within 9-12 months after initial procedure)

**Lip Touch Ups:**

**$75** (1-2 months after initial procedure)

**$150** (2-4 months after initial procedure)

**$225** (4-6 months after initial procedure)

**$250** (6-9 months after initial procedure)

**$300** (9-12 months after initial procedure)

**Lip Liner Touch Up:**

**$50** (1-2 months after initial procedure)

**$100** (2-4 months after initial procedure)

**$150** (4-6 months after initial procedure)

**$175** (6-9 months after initial procedure)

**$200** (9-12 months after initial procedure)

**\* Note that with every Eyebrow tattoo, I do not want to see you for AT LEAST a year (12 months) but the longer the better to avoid scar tissue building up in that area.**

**\*After 12 months touch up is considered a "color boost" and will be $100 off the current price of procedure price.**