



COSMETIC TATTOOING

PRE CARE INSTRUCTIONS

Please make sure you read the following instructions to assure the best results for your procedure. It is very important to refrain from all **alcohol, aspirin products** and **blood thinners**, as it increases bleeding, for **24 hours prior** to your appointment. Also, refrain from **Vitamin E** and **fish oil** supplements for **7 days** prior to your appointment. ALL of these make you bleed excessively. Excessive bleeding during the procedure will negatively affect the longevity of your semi-permanent makeup application. In some cases, the application will need to be permanently stopped. No **accutane** use within 1 year and no **botox** injections in areas to be treated **prior** to the treatment for 3 weeks. Please avoid **energy drinks** and **caffeine** for up to **24 hours** prior to your appointment. Not having caffeine in your system will help you to relax much more easily, as well as help to relax the facial muscles in the areas to be worked on.

POST CARE INSTRUCTIONS

DAY 1: Cleanse eyebrow **gently** to remove lymph fluid build up, **no rubbing or scrubbing**. Use mild gentle soap 3-4 times a day, **PAT dry** with soft facial tissue, and reapply healing product given gently with a new Q-Tip each time. Only a small amount is needed, a size of a grain of rice, per brow to keep it from over drying. Your brows should not be glistening with the healing product, too much will suffocate your eyebrows. Keep brows clean at all times. Do not touch eyebrows with unwashed hands or fingers to avoid infections.

DAY 2-14: Follow same cleansing method and aftercare but **only 2-3 times a day** until **scabbing is finished** and **complete** for both brows. Once scabbing begins, let scabs come off by itself, do not pick them off. Scabbing generally comes off in sections. The skin underneath **should not** look raw if the scab is coming off naturally.

- Do not use any Retin-A, Glycolic Acids, Peroxide, Neosporin while healing
- Do not scrub, rub, or pick at your eyebrows.
- Do not expose areas to sun or tanning beds!
- Avoid any facials, swimming, whirlpools or sauna until all scabbing and peeling is complete.
- NO heavy exercising the first 3-5 days as sweat will result in loss of pigment.
- No make-up on the eyebrows until fully healed.
- Do not tint or wax eyebrows for the next 10 days.
- Do not sleep on the eyebrow areas or rub, this will result in loss of pigment.

****FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN LOSS OF PIGMENTS. ****

WHAT TO EXPECT AFTER:

- Slight swelling, thickness, and/or redness for 1-2 days following the procedure.
- It is **normal** to lose approximately 25% of the color and up to 50% of hair strokes during the healing process (30 days), which is why a follow up touch up is **required** to complete the look and process.
- After the initial procedure, the color will appear too dark and wider than the **healed results**. After scabbing exfoliates, it will appear too light or non-existent, it is normal. The color will reappear to the surface and show more day by day, until the full healing process is complete (30 days).
- It will appear softer when completely healed (30 days) because the color will come from the dermal layer of the skin to the epidermal layer of the skin.
- Please be patient! Healing takes up to **30 days** even after light flaking or scabbing is over. Follow up appointment is between 6-8 weeks, touch up is **required** to even out symmetry, color or hair strokes.

Again! Don't be concerned that it will initially appear darker and heavier in size than you desire. They're approximately 25% darker and bolder in width than they will be when healed. Your skin is red under the pigment, which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the area, this will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the procedure to surface and lightly flake/scab away and a narrower appearance of your treated area will begin to show. Scabbing should not be too thick and come off forcefully. Normal scabbing should be in small amounts when it is ready to naturally come off itself. This is all part of the process, please trust the process and be patience as **full healing time is 30 days**.

By signing this agreement, you comply with these terms. Please do not hesitate to contact me if you have any questions about the post procedural care.

Client Name _____

Client Signature _____ Date _____

CONSENT TO COSMETIC TATTOOING TREATMENT

NAME: _____

DOB: _____ AGE: _____

ADDRESS:

PHONE: _____ EMAIL: _____

TREATMENT: _____

LOCATION OF TREATMENT(S): _____

NUMBER OF VISITS REQUIRED: _____

COST OF TOTAL PROCEDURE: \$ _____

COST OF ADDITIONAL SESSION IF NEEDED: \$ _____

BOOKING FEE/DEPOSIT: \$ _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol and desire to have cosmetic tattooing performed. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been given to me.

Initials _____

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedures carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I requested the cosmetic tattooing procedure and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure. I

understand that while this is sometimes referred to as semi-permanent in nature, due to each individual's reaction to pigment, the length of time pigment is present cannot be guaranteed. In some cases, pigment will be permanent.

Initials _____

I understand that this procedure may need multiple sessions to reach the desired looked and retention due to way the skin heals and differs per client. Each session I will adhere to the same pre- and post- care instructions given to me. Total cost and numbers of the procedure will be given to me and recorded. Any additional sessions will be further evaluated and discussed but may not be covered in cost with initial agreement.

Initials _____

I understand that prior to the implantation of pigments, I have looked and agreed upon the shape and color of the treated area. All needles and cartridges are wrapped, sterile, and disposed of after each client.

Initials _____

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I understand I shall disclose to the technician of my permanent skin pigmentation. I acknowledge some of these potential adverse changes may not be correctable.

Initials _____

I have received pre- and post procedure instructions verbally and written and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure and outcome.

Initials _____

I understand that the taking of **before and after photographs or videos** of the said procedure are a condition of such procedure required by the company's insurance and any may be possibly used for portfolio and advertisement use. I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and the procedure process.

Initials _____

I accept full responsibility for the decision to have this cosmetic tattoo work done and will not hold the artist or company responsible in any way.

Initials _____

Client Name (Print) _____

Client Signature _____ Date _____

Artist Name (Print) _____

Artist Signature _____ Date _____

Notes:

Pigments:



CONFIDENTIAL MEDICAL PROFILE

NAME: _____

DATE: _____ DOB: _____ AGE: _____

CONTACT PHONE #: _____

EMAIL: _____

To avoid unforeseen complications, **please answer Y (yes) or N (no)** to ALL of the following questions, DO NOT leave any unanswered.

___ Do you have previous Permanent Make Up (PMU) in the area to be performed? If yes when? Please send in clear picture of your bare brows.

___ Have you had Botox injections in the last month?

___ Have you had aspirin, ibuprofen products, fish oils, vitamin A or E, or any blood thinning like medications/supplements within the last 3 days?

___ Have you had chemical or laser peel? If yes when? _____

___ Do you have any problems with healing?

___ Do you get fever blisters or cold sores?

___ Are you currently undergoing radiation or chemotherapy?

___ Are you currently using skin care products containing Accutane, acne treatments, Retinol or Retin-A?

___ Are you taking any medication, including immunosuppressive, such as anti-inflammatory or steroids?

___ Are you allergic to topical antibiotic preparation? e.g. Polysporin, Bacitracin, Neosporin, lidocaine or -caine family of drugs, or petroleum based products (Vaseline)?

___ Is there any history of skin diseases, dermatitis, psoriasis, eczema, or remarkable skin sensitivities?

___ Are you pregnant or nursing?

___ Are you required to take antibiotics during dental or invasive medical procedures?

___ Do you have any heart conditions?

___ Do you have Alopecia?

___ Do you have the tendency to develop keloids or have raised scars?

___ Do you have any history of hepatitis or HIV?

___ Do you have diabetes?

___ Any tendency to bleed excessively from minor cuts?

___ Do you have any autoimmune disorders?

___ Do you currently or have you had cancer? If yes please explain

Please list any other medical conditions you may want to share with your technician:

Doctor's name and contact information if applicable

APPOINTMENT AND CANCELLATION POLICY

Please read our cancellation policy, as a courtesy to Lux Lashes & Brow Designs, in order to efficiently accommodate other clients and artists.

If you need to reschedule your appointment, a **24 hours notice is required**. One time courtesy rescheduling is allowed with proper notification, after that you will forfeit your booking fee/deposit. Booking fee and/or deposits are required to confirm your appointment and are **nonrefundable**. Sign below that you have read and agreed.

Client Name _____

Client Signature _____ Date _____