

Client Medical History

Date _____ Birthdate _____
Name _____
Address _____
Phone _____ Email _____
Emergency Contact _____ Phone _____

Do you have OR previously had any of the following

- YES NO** History of MRSA
- YES NO** Botox (last treatment _____)
- YES NO** Diabetes
- YES NO** Hepatitis A B C D
- YES NO** Forehead/ Brow Lift
- YES NO** Easy Bleeding
- YES NO** Facelift
- YES NO** Alcoholism
- YES NO** Abnormal Heart Condition
- YES NO** Take medication before dental work
- YES NO** Chemical Peel (last treatment _____)
- YES NO** Pregnant now - Breastfeeding now
- YES NO** Brow Lash Tinting
- YES NO** Autoimmune disorder
- YES NO** Oily Skin
- YES NO** Cancer (Year _____)
- YES NO** Accutane or acne treatment
- YES NO** Chemotherapy/ Radiation
- YES NO** Tan by booth or salon
- YES NO** Tumors/ Growth/ Cysts
- YES NO** Difficulty numbing with dental work
- YES NO** Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc
- YES NO** Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc
- YES NO** Allergies to metals, food, etc _____
- YES NO** Any diseases or disorders not listed _____
- YES NO** Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl?

Please list any medications you are taking _____

I agree that all the above information is true and accurate to the best of my knowledge

Signed _____ Date _____

Tattoo Consent Form

I _____ (client)

hereby consent to and authorize Lori Evans to perform the following procedure: **Microblading**

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved _____ (initials).

Although it is impossible to list every potential risk and complication, have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle _____ (initials).

I understand that this is a 2 and sometimes 3-step process and I will be required to return no later than 60 days after initial procedure for further treatments to obtain the expected results. Anytime past the 60-day period will require payment. ALL Payments received are non-refundable _____ (initials).

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care _____ (initials).

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. _____ (initials).

I acknowledge that the proposed procedure involves risks inherent in the procedure, and have possibilities of complications during and/or following the procedure such as: infection, poor color retention and hyper-pigmentation _____ (initials).

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of

my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present but not disclosed at the time of this skin care procedure; which may be affected by the treatment performed today.

Client Name (printed)

Date

Client Name (signature)

Date

Technician Tattoo Artist

MODEL PHOTO RELEASE FORM
Tangles & Curls

I hereby give permission to _____ (artist/stylist)

to use my photographic likeness in all forms and media for advertising,
exposition displays, trade, teaching materials and any other lawful
Purposes.

Print Name _____

Signature: _____ Date _____

Possible Risks, Hazards, or Complications

Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.

Infection: Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See "After Care" sheet for instruction on care.

Uneven Pigmentation: This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.

Asymmetry: Every effort will be made to avoid asymmetry, but our faces are not perfectly symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.

Excessive Swelling or Bruising: Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don't bruise or swell at all.

Anesthetics: Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquids are used. If you are allergic to any of these. Please inform me now.
MRI: Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI Technician of any tattoos or permanent Cosmetics.

The alternative to these possibilities is to use traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow procedure.

Consent and release for procedures performed:

Signed _____ Date _____

WHAT TO EXPECT DURING THE HEALING PROCESS

Your new temporary eyebrows will go through several phases during the healing cycle.

Initially, your brows may seem to be too red and too large. Don't be alarmed. We have just worked the skin and it is natural for it to be red and swollen. It will calm down in a day or so.

The pigment will appear very sharp and dark immediately after the procedure. This is because the pigment is still sitting on top of your skin, and has not settled in completely. The color of the pigment will soften gradually. The scabbing process will also make the brows appear dark. Stay calm, all of this will lighten within a week or so. The color will eventually be 30-50% lighter and the brow will be 20-30% smaller when fully healed.

Once the healing of the skin starts taking place, it will look like dandruff flakes or dry skin. This might give you the impression that the color pigment is fading too quickly, however, this is just superficial color and dry skin being naturally removed from your eyebrows.

Some strokes will disappear and reappear in 2 or 3 weeks. Not all strokes will remain. It is perfectly natural to lose between 10-15% of your strokes, they will get replaced at the top up or second session.

You may feel some itching, please try to resist. If you find yourself unable to resist itching, you may apply the ointment your artist has provided you, to remoisten.

Once all scabbing has naturally fallen off and skin is healed, you may apply vitamin E oil to the brow a few times a day, until it is time for your second session.

Before Care

- Do not work out on the day of the procedure
- Do not drink too much coffee on the day of the procedure
- Do not tan (no sun) for one week prior to the procedure
- Do not take aspirin, niacin, vitamin E or ibuprofen 24 hours before procedure
- No alcohol the night prior or on the day of the procedure
- Any waxing or tinting of the brows should be done 3 days prior
- No botox for 4 weeks prior to the procedure
- It is best to do a scrub 3 days prior to the procedure
- Stop using any Retin-A or AHA products for 2 weeks prior to procedure
- No lasers or chemical peels for 1 month prior to the procedure
- No microdermabrasion or dermaplaning for 2 weeks prior
-

After Care

DO NOT!!

- Work out for 48 hours after procedure
- No lotions, ointments, creams, vitamins on area
- No sauna, No swimming. No pools
- Scabs are completely healed and GONE
- No sunbathing or tanning for 4 weeks after procedure
- No chemical peels, botox, dermabrasion or any other strong treatments for 4 weeks after procedure
- No HEAVY Makeup of any kind for at least 2 weeks after procedure
- DO NOT SCRATCH AREA
- DO NOT SLEEP ON AREA

DAY 1

Gently blot area with a clean tissue to absorb any fluid.

DAY 2-7

Use fingertips and a light touch to wash each day with an unscented cleanser. Gently pat dry

Moisturize:

Apply pice grain size of aftercare 3 times a day as needed across the area.

Be sure tattoo is dry before moisturizing

DAY 7-28

Repeat days 2-7 as needed