

## Client Informed Consent And Procedure Chart #1

Name \_\_\_\_\_ Address \_\_\_\_\_ (     )

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Area Code /Phone \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Referred by: \_\_\_\_\_ Procedure Requested \_\_\_\_\_

**Check 'x' if you answer YES to any of these questions:**

- |   |  |
|---|--|
| <p>___ Are you allergic to penicillin or any other drugs?<br/>___ Do you have any kind of heart trouble?<br/>___ Are you taking recreational drugs?<br/>___ Do you take Zovirax, Valtrex or Famvir?<br/>___ Do you have any allergies to latex / powder in gloves?<br/>___ Have you ever had Alloderm, Silicone, Dermagin, Gortex, lip implants or other substances placed into your lips?<br/>___ Do you intend to have any fillers or laser on or in your face after your lip colour application?<br/>___ Have you ever had chicken pox?<br/>___ Do you have TMJ or any mouth problems?</p> | <p>___ Are you allergic to any insect stings? (Bees)<br/>___ Are you prone to, or have any keloid scars?<br/>___ Do you get fever blisters or cold sores<br/>___ Do you currently have an outbreak?<br/>___ Have you ever had cold sores around the eye area?<br/>___ Do you wear contact lenses, have implants or any eye problems?<br/>___ Are you allergic to novicaine or any caine anesthesia or epinephrine?<br/>___ Are you allergic to or ever had a reaction to Polysporin, Bacitracin, Neosporin, A&amp;D, Vaseline or any other antibiotic, or topical healing ointments or products?</p> |
|---|--|

Are you presently taking any medications? List: \_\_\_\_\_

Are you allergic to any foods or medications? \_\_\_\_\_

Are you presently under a physician's care? What for? \_\_\_\_\_

Fees discussed \_\_\_\_\_ Deposit \_\_\_\_\_ Balance \_\_\_\_\_ I fully understand that a consultation fee of \$50.00 will be deducted from my deposit in the event of cancellation of said procedure. The entire staff is dedicated to client satisfaction. We employ a no refund policy and I am aware of this. **x** \_\_\_\_\_ **Date** \_\_\_\_\_ (Initial at the 'x' and sign today's date)

I absolutely understand that this procedure is a process and subsequent visits are necessary in order to achieve desired results. Subsequent visits are subject to \$100./\$300. charge depending upon the amount of work needed. There is a possibility of an allergic reaction to pigments. A patch test is advisable however it does not ensure a client will not have an allergic reaction. I consent **x** \_\_\_\_\_ or waive **x** \_\_\_\_\_ a patch test. If waived, I release the technician and assistants from liability if I develop an allergic reaction to the pigment. (Pigment contents are: iron oxide, lakes, alcohol, Glycerine and distilled/sterile water.) I acknowledge that NO GUARANTEES have been made to me concerning the results of this procedure. For the purpose of documentation, I also consent to the taking of before and after photographs/videos of said procedure which become our sole property and may or may not be used by the technician, salon or clinic. I am aware that cosmetic procedures including but not limited to: Gortex, Alloderm, Fat Transference, Dermagin, Silicone or any other substance injected into or around the lip tissue AFTER having lipliner or full lip colour, may compromise the existing procedure boundaries. Laser treatments may also compromise your permanent cosmetic make-up application. **x** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read the above and had explained to me and fully understand this consent and procedure form: That the explanations therein referred to, were made, and I accept full responsibility for these or any other complications which may arise from results during or following the cosmetic procedures which is to be performed at my request according to this consent and procedure form. I also understand that this procedure is permanent. **x** \_\_\_\_\_ **Date** \_\_\_\_\_

**I will follow all 'After Care' instructions explicitly. Failing to do so will compromise my final results.** **x** \_\_\_\_\_ **Date** \_\_\_\_\_

Please describe in detail the procedure you will be receiving and what your desired results are:

\_\_\_\_\_  
\_\_\_\_\_

Patient / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ Technician / Witness \_\_\_\_\_ Date \_\_\_\_\_

## Client Informed Consent and Procedure Chart # 2

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Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Area Code Work Phone# \_\_\_\_\_ Area Code Home Phone# \_\_\_\_\_ Area Code Cell Phone # \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**Please circle all that apply :** I request permanent cosmetic make-up procedures:

Beauty Mark	Lipliner	Lash Enhancement	Corrective Pigment Camouflage
Body Art	Lip Shading	Areola Repigmentation	Eyebrow Hair Simulation
Eyeliner	Full Lip Colour	Needling	Correction or Repair

I am over the age of 18 and desire \_\_\_\_\_ to perform the elective cosmetic pigmentation procedure understanding that this procedure is for cosmetic purposes only and not for health reasons. If any unforeseen conditions arise in the course of this procedure calling for his/her judgment for procedures in addition to, or, different from those now contemplated, I further request and authorize him/her to do whatever necessary in the circumstances. I am aware that no guarantees have been made to me concerning the results of the procedure(s).  \_\_\_\_\_ **Date** \_\_\_\_\_

I also understand that the permanent skin pigmentation procedure carries with it the possible complications and consequences associated with this type of cosmetic procedure, which includes risk of infection, scarring, eye damage, inconsistent colour, hemorrhage, and possible spreading, fanning or fading of pigments and or allergic reaction to any products used. I understand the actual colour of the pigment may be modified slightly due to the tone and colour of my skin. I am aware that cosmetic procedures including but not limited to: Gortex, Alloderm, Fat Transference, Dermagin, Silicone or any other substance injected into or around the lip tissue AFTER having lipliner or full lip colour, may compromise the existing procedure boundaries. Laser treatments may also compromise the permanent cosmetic make-up application. I fully understand as with all such procedures that this is not a science but rather an art and that anything that can go wrong may go wrong. I request the permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure as well as the possible complications and consequences of the said procedure(s).  \_\_\_\_\_ **Date** \_\_\_\_\_

For the purpose of documentation, I also consent to the taking of before, during and after photographs / videos of said procedure(s) which become the technician's sole property and may or may not be used for what ever purpose deemed necessary. Understanding the permanent skin pigmentation procedure, the procedure, the permanency of the procedure, the possible consequences of the procedure, and that the procedure is for cosmetic purposes only, I hereby authorize \_\_\_\_\_ to perform the permanent skin pigmentation procedure(s).  \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that I have read and initialed the above paragraphs and have had explained to me and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement.

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Patient/Legal Guardian /Parent \_\_\_\_\_

Date \_\_\_\_\_

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Technician / Witness \_\_\_\_\_

Date \_\_\_\_\_

# Permanent Cosmetic Makeup

## General After Care Instructions for Permanent Cosmetic Make-up Applications

On the first evening after your procedure, take a warm cloth and GENTLY pat the procedure area to remove any dried exudate off of your skin. Apply After Care Product sparingly. This will allow the tissue to heal more quickly.

For 7 days following application of permanent cosmetics:

Initial

- ✓ Do not touch the healing pigmented area with your fingers, they may have bacteria on them and create an infection. X \_\_\_\_\_
- ✓ Apply Vaseline 3-5 times daily until the procedure area has healed. **Always use a clean cotton swab and not your fingertips.** We suggest Vaseline as it is non-reactive in most clients. X \_\_\_\_\_
- ✓ No make-up, tinting of lashes or brows, sun, soap, sauna, steam, exercise, Jacuzzi, swimming in chlorine pools or in the ocean for 7-10 days (until area is completely healed) post procedure and after all touch-ups. X \_\_\_\_\_
- ✓ Before bathing, gently apply a light coating of Vaseline on the procedure area using a clean cotton swab. Continue this regime until the procedure area has completely healed. X \_\_\_\_\_
- ✓ Do not rub or traumatize the procedure area while it is healing, pigment may be removed along with crusting tissue. X \_\_\_\_\_
- ✓ Use a 'sun block' after the procedure area has healed to prevent future fading of pigment colour. X \_\_\_\_\_
- ✓ Try to sleep on a satin pillowcase while the procedure area is healing. X \_\_\_\_\_
- ✓ If you are a blood donor, you may not give blood for 1 year following your PMU application. (per Red Cross) X \_\_\_\_\_
- ✓ Touch-up visits should be scheduled between 30-45 days post procedure. All PMU procedures are a two-step process. Results are not determined until touch-up application is completed. X \_\_\_\_\_
- ✓ If you have any questions or concerns please notify your technician immediately. X \_\_\_\_\_
- ✓ If you experience any itching, swelling, blistering or any other complications post-procedure, stop using product and call your technician immediately. You may be allergic to the after care product you are using. If you had an eyeliner procedure, do not rub, scratch or irritate your eyes. X \_\_\_\_\_
- ✓ If you experience anything out of the ordinary phone your physician. X \_\_\_\_\_
- ✓ Clients need to follow ALL After-Care Instructions for good results of their procedure(s). X \_\_\_\_\_
- ✓ Aloe Vera can pull the colour out of some clients so we suggest that they do not use this product while they are healing. X \_\_\_\_\_
- ✓ Remember all procedures must HEAL, PEEL, and FADE! This process may take up to 10 days. X \_\_\_\_\_
- ✓ Clients colour will look much darker for the first 10 days as the procedure has blood and lymph in it. After the area peels, the colour will be softer. X \_\_\_\_\_
- ✓ Do not use ANY products that contain AHA's, Vit A, Retinol A or similar lightening and peeling products on the procedure area. (Example Glycolic, Lactic Acids. Check your product labeling) It will fade your pigment colour. Read the ingredients on the back of any bottle of product that you will using. X \_\_\_\_\_
- ✓ Failure to follow the above advice will result in less than desired results. I agree to follow ALL directions. X \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Over

# Permanent Cosmetic Makeup

## General Care Instructions

Follow all 'General Instructions' as well.

### Lip After Care

- If you have ever had chicken pox, a fever blister, or a cold sore, you must take Zovirax, Famvir or Valtrex or other anti-viral pre and post procedure to prevent the outbreak of cold sores. There are no exceptions to this rule! If you do have an outbreak, it will usually occur on the 3rd day after application as well as after each touchup.
- Drink through a straw for the first few days. Do not eat citrus fruits and juices, greasy, salty, oily or spicy foods until your lips are completely healed.
- While eating, do not constantly wipe your lips with a napkin or keep licking your lips as this will impede the healing process.
- Be careful when brushing your teeth. Toothpaste may pull the pigment out of the lip vermilion. Also, do not bleach your teeth while your lips are healing.
- Using products with Lidocaine in them will help to soothe the 'chapped' feeling. Always check for allergies to ingredients prior to using any product.
- Keep lips well lubricated for at least 2 weeks post procedure. (Vaseline is a good choice.)
- After the initial healing period, apply a total sun block that is waterproof 3-4 times daily to prevent fading. (You may also use Vaseline or Chapstick.)
- No smoking while lips are healing!!

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### Eyeliner Aftercare

- The client should have someone drive them to and from their eyeliner procedure.
- Do not use mascara for 7 days post procedure both for the initial application and your colour refresher appointment. When you do resume the use of mascara, purchase a new tube, the old tube may have bacteria in it.
- Do not use your eyelash curler for a few days pre and post procedure. Clean your eyelash curler with alcohol prior to reusing it to destroy any bacteria on it.
- Do not wear your contacts for 24 hours post procedure, wear glasses.
- Do not scratch or rub your eyes. Use an eye wash if eyes itch.

Failure to follow the above advice will result in less than desired results. I agree to follow ALL directions.

Client Signature

Date

Next appointment:

If you have questions or concerns please phone:

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