

Pre-Procedure Care and Instructions: Permanent Makeup

Eyebrows, Eyeliner, Lip Liner, Full Lip Color and Beauty Marks

ALL SEMI-PERMANENT COSMETIC PROCEDURES ARE MULTI-SESSION PROCESSES.

An initial application is incomplete until after a follow-up appointment, which must be scheduled approximately 4-8 weeks after your initial appointment to insure a nice lasting beautiful color and length of time the tattoo will last for you. There is an additional charge for the follow-up appointment.

WHILE YOUR SKIN HEALS, BE PREPARED FOR THE COLOR INTENSITY OF YOUR PROCEDURE TO BE SIGNIFICANTLY LARGER, SHARPER, BRIGHTER, OR DARKER than what is expected for the final outcome. This is a normal and expected result of the application and healing process. The healing process will take a number of days to complete, depending on how quickly the outer layer of your skin exfoliates and new skin regrows to take its place. Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it best not to make social plans for a day or two following any procedure. You may like to bring your lip or brow pencils with you the day of the procedure.

The Injected tones may initially simulate the exact tone or color desired, it may not always remain a perfect match. Injected tones are constant, while your skin tones will vary depending on exposure to cold, heat, sun and circulatory changes.

Pre-Procedure Instructions

Eyebrows:

Tweezing or waxing should be done at least 48 hours prior to the procedure; electrolysis no Less than 5 days before. Do not resume any method of hair removal for at least 10 days prior to procedure and 14 days after.

Eyeliner:

DO NOT WEAR CONTACT LENSES DURING OR IMMEDIATELY FOLLOWING THE PROCEDURE. Remember to bring your glasses. You may resume wearing your contact lenses as soon as your eyes return to their pretreated condition.

Do not use growth stimulants such as Latisse®, RapidLash®, or RevitaLash® ect. for at least one week prior to and one week after your eyeliner procedure.

Lips:

If you have any history of cold sores/ fever blisters/ herpes simplex, or shingles ***you must*** contact your physician to obtain and take the proper prescription medication to prevent such outbreaks for at least 4 days before and after the procedure. Many physicians prescribe 12 capsules of 500mg Valtrex. Follow your physician's instructions. Two or three applications may be required to achieve the desired results. It is not uncommon to lose up to 70% of the color on the first application.

Perfectious Tatu 321-426-5302 www.perfectioustatu.com

Post Procedure Instructions, Care and Healing Schedule

Eyebrows, Eyeliner, Lip Liner, Full Lip and Beauty Marks

CLIENTS COPY

*A permanent makeup procedure is the equivalent of a skin deep wound. Like a scratch you might get around the house. Expect it to ooze a little, scab, itch during healing and heal in about the similar time frame.

*A&D/Aquaphor ointment, Grapeseed, Coconut or Vitamin E Oil can be used twice a day is fine until healing is complete. Do not rub, wipe or scratch area and use patting motions only. Icepacks can be used as needed.

*Ibuprofen or favorite pain reliever may be used to reduce swelling or discomfort.

*Do not wear makeup for 72 hours post.

* No sun, pools, hot tubs or cream usage. Lubricating eye drops can be used if that is a common habit already.

Eyelash Enhancement/Eyeliner

Day and effect – Swollenness and heavy eye makeup look is normal for 2 days. Swelling decreases with a tight feeling and pigment will begin to lift away from skin. Itching is normal. DO NOT PICK AT IT. Blinking movement will help remove ink flaking. Color may be somewhat grayish and will take a few days to clarify full color.

It is not important to apply ointment to your procedure area as it will be moist through your showering and face washing. Ointment listed above can be used in a small quantity with a clean Q-tip if area is very itchy or sore. Do not wear contact lenses for 48 hours. Wear sunglasses to protect from sun.

Eyebrows/Hairstokes

Your skin under the pigment is red and swollen so eyebrows will be approx. 25% darker in color and width than they will be when healed. This will last about 2-3 weeks. Exfoliation will begin a few days after and will cause excess pigment to flake away and a more narrow appearance will result.

Ointment of your choice listed above should be used twice a day with a clean Q-tip. DO NOT PICK AT IT.

Lip Liner/Full Lip Color

Swelling, tender, heavy lipstick look is normal for first few days and possibly even a metallic flavor. Exfoliation and very chapped lips is also to be expected. Lip color will seem to disappear and a “frosty” appearance stage will begin and color will return a few days after that. Lips may be very dry so feel free to use a good lip balm with NO fragrance in it.

Ointment of your choice listed above 3 times a day for a minimum of 7 days with a clean Q-tip. Do not allow lips to become dry. DO NOT PICK AT IT. Drink through a straw, choose foods that would be used with a fork so it won't be touching your lips, be careful brushing your teeth (toothpaste does tend to extract color). Do not bite into greasy, oily, salty or spicy foods cut them up and use a fork and place them in your mouth. Lip gloss can be used after 2 weeks you must purchase a new tube as your still in a healing process and do not want to cause infection. Continue taking anti-herpes medication to prevent cold sores.

*******Please be kind and leave a review on one of these sites*******

Google+, Perfectioustatu.com, Facebook, Yelp, Angie's List

Thank you and if you have any questions please contact us as soon as possible

321-426-5302 or www.perfectioustatu.com

PLEASE FOLLOW DIRECTIONS FOR YOUR BEST HEALING !!!!!!!!!!!

Permanent Makeup/Cosmetics (tattooing) is an invasive procedure that requires a thorough medical history. Please complete this questionnaire honestly and fully. **If all forms are not completely filled out and signed procedure will not be done.**

Name _____ Age _____ DOB _____
Address _____ City _____ State _____ Zip _____

Email _____ Phone _____
Emergency Contact _____ Phone _____

- YES/NO Are you under the age of 18 ?
- YES/NO Have you had any blood thinning products in the last 7 days ?
- YES/NO Are you currently using antibiotics, steroids or mood altering drugs?
- YES/NO DO YOU HAVE A HISTORY OF COLD SORES or Shingles ?
- YES/NO Do you have a history of skin diseases or skin sensitivities ?
- YES/NO Do you sun bathe or use tanning beds ?
- YES/NO Have you had a chemical/laser peel or microdermabrasion ?
- YES/NO Do you have a sensitivity to latex ?
- YES/NO Any previous problems with tattoos or healing from wounds?
- YES/NO Have you had tattoos or permanent makeup procedures before ?
- YES/NO Allergic to any topical antibiotics or desensitizers ?(vasoline, neosporin or "Cain" drugs)
- YES/NO Do you suffer from any sinus issues ?
- YES/NO Are you a smoker or smoke a vapor ?
- YES/NO Do you have any respiratory or circulatory problems ?
- YES/NO Within the last year have you been treated by a dermatologist ?
- YES/NO Are you pregnant or nursing ?

*Please circle any of the following that pertain to you

- | | | |
|-----------------|---------------------|------------------------------|
| Heart condition | allergies to makeup | Cancer Post or to date _____ |
| Dry eyes | Keloid scars | Diabetes Alopecia/hair loss |
| Hepatitis | Jaundice | Trichotillomania Glaucoma |
| HIV/Aids | Kidney Disease | Hyper-pigmentation Stroke |

Please explain questions above that are answered YES and any items circled above.

Client Signature _____ Date _____

The Nature and method of proposed permanent makeup (tattoo) has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand that there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor or temporary bleeding, bruising, redness, or other discoloration and swelling : fever blisters may occur on the lips following a lip procedure for individuals prone to this problem. Secondary infection in the area may occur, however, if properly cared for it is rare.

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 permanent cosmetic procedures from Cheryl Welford of Perfectious Tatu. I also acknowledge that all of my questions were answered to my full and total satisfaction.

Please INITIAL all of the following

*All areas must be initialed in order for procedure to be performed *

____ I am over the age of 18 and in sound, mind, body and health.

____ I am not under the influence of drugs or alcohol

____ I have been given full healing instructions and I understand that if I do not follow these instructions my tattoo can get either infected or not heal properly.

____ Should I have any medical or skin conditions that could interfere with my procedure or healing I must reveal this to my technician before the procedure begins.

____ I realize that my body is unique and the technician cannot predict how my skin may react as a result to this procedure.

____ I agree to reimburse the technician Cheryl Welford, Perfectious Tatu, for any attorney's fees and cost incurred in any legal action I bring against her and her business. I agree that the courts of Florida and or Brevard County shall have personal jurisdiction of the purpose of litigating any dispute arising out of or related to this agreement.

____ I acknowledge that obtaining this permanent cosmetic procedure is by my choice alone and I consent to the application of the procedure and to its attendant risks.

____ I understand that having a tattoo will exclude me from donating blood for 6 months.

____ Due to the fact that approval is obtained prior to final selection of color to be implemented and design application(s) to be applied, Perfectious Tatu employs a no refund policy.

____ I understand that the Herpes Zoster 1 Virus (fever blisters, cold sores) may manifest with the lip procedure due to trauma of the lip procedure.

____ For valuable consideration, I hereby irrevocably consent to the use of by Cheryl Welford, Perfectious Tatu, of my photographs taken this day or sent in by me.

____ I have read and understand the contents of each statement 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 procedures, was of sound, mind, and capable of making independent decisions by myself.

Client Printed Name _____ Date _____

Client Signature _____ Date _____

I have personally reviewed the above information with my client or client's representative.

Technician Printed Name _____ Date _____

Technician Signature _____ Date _____