

PERMANENT COSMETIC

PRE-PROCEDURE INFORMATION

Be prepared for the color intensity of your procedure to be significantly sharper, brighter, or darker than what is expected for the final outcome. This is because the top layers of skin will exfoliate over the weeks following your procedure. This will create a softer look. This will determine what is needed at the touch up visit.

All permanent cosmetic procedures are multi-session processes. You are required to come back for at least one touch-up visit before it can be determined that your work is complete. Touch-up visits are scheduled at 4-6 week intervals or longer, based on the rate that your skin heals and exfoliates. Initial touch up visits are included in the price. There will be an additional charge for any touch ups after the first 6 months.

While these tattooed colors may initially simulate the exact color and tone desired, they will not always remain a perfect match. Tattooed colors are constant, while your own skin color will vary depending on exposure to cold, heat, sun and circulatory changes. For example, if you tan your skin and had a scar camouflaged, your surrounding skin will be darker in appearance than the treated area.

1. 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 months prior to important life events such as weddings. Procedures may take longer than expected to be complete under some circumstances. It is best to wait at least two weeks to go on a vacation in the sun following a procedure, as sun exposure can change the color of the pigment.
2. Wear your normal makeup and bring your lip color or brow pencils to the office on the day of the consultation or procedure.
3. Any eyebrow tweezing, or waxing should be done at least 48 hours prior to the procedure; electrolysis no less than five days before. Do not resume any method of hair removal for at least two weeks.
4. Any eyelash or eyebrow tinting or eyelash curling should be done no sooner than 48 hours before, or two weeks after the procedure. If you use Latisse, you must discontinue using at least one week prior to the procedure and may resume two weeks after.
5. Any false eyelashes or extensions must be removed before the procedure. They may be reapplied two weeks after.
6. 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.
7. Following the eyeliner procedures, as a safety precaution, we recommend that you have someone available to accompany you or drive you home.
8. If you are having lip procedures and have any history of cold sores/fever blisters/herpes simplex, you will be required to contact your physician to obtain the proper prescription to prevent such outbreaks.
9. Refrain from the use of alcohol, aspirin, aspirin-containing medications, ibuprofen, or other blood-thinning medications for seven days before and two days after any procedure. Refrain from judgment-altering drugs for at least 24 hours prior to any procedure. **No medication should ever be discontinued without first consulting your physician.**
10. A skin test is offered upon request.

INFORMED CONSENT TO PERMANENT MAKEUP PROCEDURE

Initial:

1. I absolutely understand and accept that such procedure is an elective procedure, not medically necessary, and is a process, often requiring multiple applications of color to achieve desirable results. 100% success cannot be guaranteed. _____
2. I accept responsibility for determining the shape, and position of my elected procedure. _____
3. I understand that the color selection and color results in all procedures are not an exact science, that there may be a change or loss of pigment, that the procedure will fade, and this fading can alter the original pigment color. This fading determines that it is time for a touch up visit. _____
4. I understand that positioning of my procedures can be affected if I have elected or wish to elect cosmetic surgery, Botox or Restalyne and I assume this responsibility. . _____
5. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. _____
6. If I am a lens wearer, I realize that I must keep my lenses out the day of an eyeliner procedure. _____
7. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness or other discoloration, swelling and or fever blisters on the lip area following lip procedures. _____
8. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent make up dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent make up and will not hold Kim Witwer and or La'Derma responsible if this occurs. _____
9. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner. _____
10. I am aware that if an infection occurs after I have received Permanent Cosmetics to see my primary physician or an emergency room, **immediately**. _____
11. If I had permanent cosmetics performed previously by another practitioner, I do not hold Kim Witwer or La' Derma responsible for future allergic reactions or contraindications. _____
12. I understand the nature, risks, and possible complications and consequences of permanent cosmetics and I understand the procedure carries with it known and unknown complications including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning of fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contact lenses too soon after a procedure. _____
13. I have received pre and post-procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. I have disclosed all medications, prescription or non-prescription and their purpose or indications. I have disclosed any medical conditions that may affect the healing of my skin pigmentation. If I have ever had cold sores(fever blisters, herpes), I will consult with and strictly follow my doctor's instructions before having any permanent cosmetic procedure around my lips. _____
14. I understand that the taking of before and after photographs of the said procedure(s) are a condition of said procedure(s) and give Kim Witwer and La'Derma the permission to use these photographs for client care, information, marketing and presentations. _____

ACCEPTANCE: I am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and request the indicated permanent cosmetic procedure. I give my consent to Kim Witwer and La'Derma for medical information required for the safety of my procedure(s). I have read and understand these risks listed above and they have been explained to me. **I DID NOT JUST SIGN THIS DOCUMENT WITHOUT READING IT.** I certify that the information in the above questionnaire is accurate and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request.

Signature _____ of _____ Client X _____ Signature _____ of _____

CLIENT HISTORY

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

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: Circle all of the following that apply.

| | | | | |
|----------------|------------------|----------------|-----------------|---------------------|
| Upper eyeliner | Partial eyebrows | Lip liner | Beauty mark | Areola Pigmentation |
| Lower eyeliner | Full eyebrows | Full lip color | Scar Camouflage | Dry Needling |

ALLERGIES/SENSITIVITIES: Circle if you have ever had a reaction to any of the following and describe below.

| | | | |
|------------------------|-----------|----------------|---|
| Latex/ rubber | Lanolin | PABA | Tattoo ink/pigment |
| Bacitracin ointment | Metals | Novocaine, | Hydroquinone or other skin bleaching agents |
| Benzocaine, Tetracaine | Aspirin | Hydrocortisone | Neomycin or polymyxin B ointment |
| Animal Protein | Lidocaine | Foods | |

Other Allergies/Sensitivities _____
Reactions _____

EYES/EYEBROWS: Circle all of the following that apply.

| | | | |
|----------------|---|-----------------------|------------------------------|
| Contact Lenses | Eye makeup sensitivities | Blurred Vision | Alopecia Universalis (total) |
| Glaucoma | Lasik/eye surgery | Thyroid abnormalities | Alopecia Areata (local) |
| Dry Eyes | Trichotillomania (pulling out lashes/eyebrows compulsively) | | |

| | |
|-----------------------------|-----------------------------|
| Eyebrow/Lash tinting | Botox |
| Date of last service: _____ | Date of last service: _____ |

Other eye disorders (describe) _____

Other hair loss (describe) _____

Are you planning any vision corrective surgery? _____ No procedures can be preformed
1 month prior to vision surgery and 3 months after.

LIPS: Circle all that apply

Cold sores/fever blisters/herpes - if so a prescription is required prior to any lip service

Lip injections – Type _____ Date _____

Other lip augmentation _____ Date _____

Teeth Bleaching _____ Date _____

SKIN: Please use back of form if necessary to answer all questions.

Any other tattoos - Location: _____
If yes, I will need to know if it was between the years 2000 and 2004 that Premier True Concentrates were not used and I will require written documentation from your previous practitioner that this product was not used. The Premier Pigment described can trigger an allergic reaction.

Age of tattoo: _____ Any problems: _____

Use of sunlamp/tanning bed/suntan outdoors _____ Currently tanned in the area being treated. _____

Currently use Retin A - Location: _____ Currently using glycolic acids _____

Facial fillers or botox? When? _____ AHA or retinol skin products _____

Do you have any dermatologic disorders such as shingles, rosacea, eczema or psoriasis _____

If they are active they must have calmed down before the procedure.

Have you had any injectables such as Restylane, Juvederm or other fillers? (describe) _____

Ever had a chemical peel? When: _____ Type of peel: _____

Have you ever taken Accutane or any other treatment for acne(describe) _____

Have you ever had any laser treatments, or plan to in the future? (describe) _____

IT IS IMPORTANT TO UNDERSTAND THAT LASER TREATMENTS, IPLs (intense pulse lights) including those used for hair removal, anti-aging, Photo Facials and removal of lines MAY OR WILL TURN PIGMENTS DARK OR EVEN BLACK

Do you have a scar you want camouflaged? Age of Scar: _____

Any keloid (raised white) or hypertrophic scars? - Location: _____

Do you bruise or bleed easily? _____ Do you have healing problems? _____

Any other skin disorders? Describe: _____

GENERAL MEDICAL: Circle all of the following that apply.

High Blood Pressure

Diabetes

Hemophilia or other clotting disorder

Chemotherapy

Mitral valve prolapse

Valve implants

Heart palpitations or conditions

Hepatitis

Pregnant or nursing

HIV

Autoimmune disorders

Seizures

Do you currently take any blood thinners or anticoagulants such as aspirin, ibuprofen, Coumadin, Homeopathic, vitamins or herbs, alcohol. Describe _____

If you had or are planning any cosmetic/other surgeries in the future please describe _____

If you are under the care of a physician for any reason please describe _____

Physicians Name _____ City _____ Phone _____

List any surgeries _____

Please list all medications, prescription and non-prescription. Use back of form if necessary.

I certify that the preceding medical, medication and personal history statements are true and correct. I understand that it is my responsibility to keep my technician informed and update this history.

Signature _____ Date _____

Procedure(s) _____ Date _____