

Consent form for Lip Blush Tattoo

Infinity Brows
7655 Girard Ave. Suite 125
La Jolla, CA 92037
(619)339-0180

Client Pre-Procedure Instructions

Following these instructions prior to your procedure will help ensure a more relaxed, comfortable, and enjoyable experience.

- Please eat something 20-30 minutes prior to your appointment. A combination of protein and carbohydrates are recommended such as peanut butter and crackers or a cheeseburger. This keeps your blood sugar steady and helps you to be more comfortable and less sensitive.
- Avoid any form of caffeine 2-3 hours prior to your appointment. Caffeine is a stimulant and will heighten your sensitivity.
- If you bruise easily, we recommend taking Arnica before procedure and after. Arnica is available at most health food stores.
- If you are required to take antibiotics before dental procedures, please follow the same instructions from your doctor before your procedure.
- If you are on blood thinners, if it is ok with your doctor waiting at least 24 hours before procedures is recommended. Again, please check with your doctor to make sure you can go 24 hours without them. You may take them right after procedure is finished.
- Avoid tanning and tanning beds 2 weeks prior to procedure.
- Alcohol, Caffeine and Nicotine can cause excessive bleeding and interrupt the healing process of the skin. Do not partake at least 48 hours before procedure. Use before appointment at your own risk.
- You may request a patch test 2 weeks before procedure. We are required by the color manufacturer to offer that to you but is not needed. A patch test does not ensure you will not develop a reaction later on.

Following these simple instructions will make a big difference in the enjoyment and outcome of your procedure.

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Client Consent Form~ Lip Blush Tattoo

Name: _____

Address: _____

Email: _____

Birthdate: _____ I am 18 years and over. YES _____ NO _____

Phone Number: _____ Sex: M / F

I have read through this entire packet that I was given. I answered all questions truthfully. The treatment procedure and post treatment care was explained to me in detail and I agree with it. Infinity Brows assumes no liability in case of giving false information.

Client Signature: _____

Technician Signature: _____

Date: _____

****I agree on photo taking and the using of the photos for advertising purposes.***

_____ *(If YES, Initial)*

**Infinity Brows is obligated to perform procedures in strict compliance with all hygiene and health protection measures. This information is confidential and it shall also be handled in that way.*

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Client Health Questionnaire:

***In order to perform the tattoo procedure in a safe manner, please answer the following questions truthfully.**

Do you suffer from any of the following conditions? Allergies _____

Scarring _____

Eye Problems _____

HIV _____

Skin Problems _____ Keloids _____

Hepatitis A, B or C _____

Diabetes _____

Auto Immune Disease _____

Heart Problems _____

Asthma _____

Epilepsy _____

Herpes _____

Blood Thinners _____

If yes, explain _____

Are you currently under the care of a physician? Yes ___ No ___

Physician's Name and Phone: _____

Are you currently taking any medication? Yes ___ No ___

If yes, please explain _____

Are you allergic to Petroleum, Latex or Nitrile? Yes ___ No ___

Are you pregnant or nursing? Yes ___ No ___

Do you wear contact lenses? Yes ___ No ___ Are they in now? _____ Have you ever had a cold sore, fever blister, or some other form of the Herpes virus? Yes ___ No ___ If yes, you must contact your physician for a prescription of ZOVIRAX capsules, an antiviral which prevents cold sores.

We cannot perform service on you if you:

- Have diabetes
- Are currently pregnant
- Have cancer/are undergoing chemo/radiation, but come to us when you're in remission!
- Are a smoker/drinker - must be ceased ~2 weeks before and after procedure
- Are tanning in the sun or booth - must be ceased 2 weeks before and 4 weeks after
- Are on any Accutane, Antibiotics, Iron Supplements.
- Have an open wound on the area
- Are currently using Retinol/AHA products - must be ceased 2 weeks prior and 4 weeks after •Have history of keloid scarring
- Have Vitiligo

***I confirm that I have read and understood the above mentioned information.**

***I received a clear and understandable response to all of my questions.**

***The treatment procedure risks and post treatment care was explained to me in detail and I agree with it. _____ (Initial)**

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Client Risks:

I am not under the influence of drugs or alcohol, and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

I am now being informed of the nature, risks and possible complications of permanent skin pigmentation. I understand this procedure carries with it known and unknown complications including but not limited to infection, allergic reaction, scarring, inconsistent color, and spreading or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch the area too soon after the procedure. 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 procedure and not an exact science but an art. I request this procedure and accept the permanence as well as the possible complications.

I understand if I have any skin treatments, laser hair removal, plastic surgery or skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these changes may not be correctable. I understand direct sun exposure will result in premature fading.

I have received pre-and post-procedure instructions and I will receive an after-care kit and I agree to strictly adhere to such instructions. I understand my failure to do so may jeopardize my chances for a successful procedure. If I am on medication for depression or any other mood altering prescription, I will advise my technician on the client info form under medications.

There is a possibility of an allergic reaction to the pigments. The FDA does not approve any tattoo inks or pigments. A patch test does not ensure a client will not have an allergic reaction at a later time. I waive the patch test and release the technician from liability if I develop a reaction.

I understand the taking of before and after photographs of the said procedures is a condition of said procedures for us to use at will. I certify I have read and initialized the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

I understand and accept charges and waive any rights to dispute, as all services are final. I understand it is necessary to have a second session to see desired results. I hold full responsibility for the cost as well as any/all charges incurred in the case of card declination, chargeback, etc.

***I confirm that I have read and understood the above mentioned information.**

***I received a clear and understandable response to all of my questions.**

***The treatment procedure risks and post treatment care was explained to me in detail and I agree with it. _____ (Initial)**

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After Care/Post Procedure

The “after care” procedures are as important to the retention of the pigment as the actual implantation process. During this period, the primary objective is to allow the bonding process to be completely sealed inside the dermis. Your compliance will ensure that you receive maximum benefits from the procedure and reduce inconvenient follow-up visits.

Judgment of your results should be deferred until three weeks to one month following the final procedure. Immediately following the procedure, your look may be harsh and painted on looking, but it will soften up and look more natural as you heal. Again, the intensity of the procedure is most prominent following the procedure itself. Over the next 3-7 days, the outer layer of color will appear crusty and start to flake off. Special care should be exercised while the treated area is healing. Under no circumstances should you pick, scratch or rub the treated area or attempt to remove the crusty material. Removing of the crusts may result in the removal of the actual pigment and/or infection may occur. It is important that this protective “cover” stay on during the healing process (three to seven days). As the outer layer flakes off, you will notice that the color is lighter and softer. For the following two weeks, color that was implanted under the skin will move forward. After three weeks, your healing process should be complete.

- After you leave, we recommend that **ice packs be applied for 10 to 15 minutes each hour for the first 4-8 hours** following the procedure. The ice is used to reduce swelling and provide comfort. After the first 24 hours the use of ice is no longer beneficial.
- No soap, cleanser or shampoo on the treated area for seven (7) days. Soap and cleansers are designed to remove any foreign substances. Obviously, this is detrimental to the bonding process required for the pigment to become permanent. Toothpaste and mouthwash are considered “soap” and will remove lip color, so proceed with caution when using.
- All cleansing should be done with a clean Q-tip dipped in cool water and gently dabbed on the treated area. **Do not rub the area in any way.**
- Apply A & D ointment with a Q-Tip in the procedure area for the first 24 hours (Provided). Then for the rest of the week apply Vitamin E oil or Liquid (CVS). Apply to the treatment area with a Q-tip several times per day (Do not use mineral oil or petroleum based products such as Vaseline.) This is to be done in a gentle dabbing motion as not to disrupt the pigmentation bonding process. This will keep the area moist and accelerate the healing. **Do not let the area dry out, keep moist all times.** Check your lips every thirty (30) minutes, re-apply ointment as necessary. Do not press or rub when applying ointment. Apply an extra heavy coat of ointment to the treated area before bedtime, bath, washing of adjacent areas, and immediately upon rising in the morning. **If any form of redness, tenderness, drainage, fever or rash occurs, please contact your health care provider immediately!**
- Baths and showers are permitted but do not wash, scrub or touch the treatment area. Hot, steamy baths and showers should be avoided completely. After two weeks, you may resume all regular activities.
- When brushing teeth for the first three (3) days, coat lips with a lot of ointment before brushing and use a minimal amount of toothpaste.
- For the first two (2) days, use a straw when drinking liquids; avoid sandwiches, biting into fruit or foods that might cause friction to the lips. Smoking is discouraged for optimal results.
- Do not use any lipstick or cosmetics on or near the treated area for seven (7) days. The procedure, even after the first treatment, looks so natural that you can feel very secure appearing in public without any additional makeup on the affected area. This rule applies also to non-allergic makeup, as it may contain chemicals that interfere with the bonding process. If or whenever you

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do begin using cosmetics again, invest in a new lipstick to support your new look. This will eliminate the possibility of bacteria breeding in an old container.

- For at least two (2) weeks, you need to minimize exposure to the sun. I discourage swimming in fresh, salt or chlorinated pool water.
- If needed, over-the-counter Tylenol is recommended for temporary relief of pain.
- If you use Retin-A, do not allow it close to the treated area for thirty (30) days. It will cause the area to peel and lighten.
- Special care should be exercised while the treated area is healing. Under no circumstances should you pick, scratch or rub the treated area or attempt to remove the crusty material. Removing of the crusts may result in the removal of the actual pigment and/or infection may occur. It is important that this protective “cover” stay on during the healing process (day three to day six).
- Always use good health habits.
- If you have any questions after you get home, feel free to call.
- Variations to these recommendations are not encouraged and will most likely affect the final outcome of your procedure, if not totally remove the implantations.

Note

- Swelling, oozing, and some redness are normal the next day after the procedure for some clients. The use of Benadryl over the counter and keeping your face vertical is helpful.
- Shedding your color and outer epidermal skin is normal during the first 3-4 days following treatment.
- Should you suspect an infection in or around the procedure area, please contact your health-care provider immediately!

DAY BY DAY, What to expect

Day 1 – Swelling, tender, heavy, thick lipstick look with a reddish brick color effect.

Day 2 – Slight, swelling, reddish and tender

Day 3 – Less swelling, thicker texture, sore, hot feeling before exfoliation with an orange color.

Day 4 – Exfoliation begins, very chapped lips

Day 5 – Very chapped but almost finished with first chapping stage

Day 6 – A soft, rich color begins to appear

Day 7-13 – Lip color disappears and the “frosty” (2nd chapping) stage begins as a whitish/grayish haze on the lips~ The week after your procedure it may look like a lot of the color is gone. This will slowly return as the inner healing shows through the newly exfoliated skin. Don’t panic.

Day 14 – Color “blooms” from within more and more each day until day 21 (3 weeks post procedure)~

Day 31 – Healing complete. The color you see is the color you have. However, lips remain a bit dry for a month or two. Use a good lip balm and they will return to normal but with color!