

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

Medical History and Consent

Name: _____

Date: _____ Email: _____

Phone:(____) _____ Address: _____

How were you referred to our facility? _____

Current Medications (please list) _____

Have you taken Accutane within the last year? Y / N _____

Allergies (please list):

Please Read Carefully - Have you had or do you currently have any of the following?

Indicate YES with an (X) ____ Cancer ____ High or Low Blood Pressure ____ Botox Treatment

____ Cold Sores ____ Heart Condition ____ Injectable Fillers ____ Contact Lenses

____ Hemophilia ____ Chemical Peels ____ Dermatitis / Eczema ____ Hepatitis

____ Glycolic Acid ____ Diabetes ____ HIV / Aids ____ Laser Resurfacing

____ Latex Sensitivity / Allergy ____ Keloid Scars ____ Pregnant / Nursing ____ Hypoglycemia

____ Problems with Healing ____ Plasma Pen Treatment ____ Epilepsy ____ Thyroid Disease

____ Cosmetic Surgery ____ Tattoo / Permanent makeup ____ Iron deficient / Anemic

____ Pacemaker

* If you suffer from any of the above, it is important that you notify your technician so that they can take the necessary precaution to ensure you receive the best treatment to avoid any risks to your health.

Additional Notes:

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PLEASE READ CAREFULLY AND INITIAL / SIGN WHERE INDICATED.

You are signing to state that you understand and accept these terms.

1. I acknowledge that any information contributed by me is true, to the best of my knowledge and that the present condition of the area that has been treated or will be treated is stated on this record. I fully understand that Infinity Brows & Beauty only provides beauty services; There is no medical treatment involved. Plasma Pen Treatment is an art - not an exact science - and cannot guarantee an exact shrinkage result due to skin elasticity and individual healing process. (Initial Here)_____

2. I understand that I may be required to return for additional treatments before the overall procedure is deemed complete. The payment for any additional work, (if applicable), will be agreed prior to the treatment commencing. Depending upon area of treatment, additional treatments cannot be performed until after 6-8 weeks from the initial treatment date to allow sufficient healing time. (Initial Here)_____

3. I realize that with any beauty service there may be certain risks, which must be understood. I will be fully responsible for any and all results, which may arise from these beauty services. I do hereby agree to hold Infinity Brows & Beauty, their agents, and employees free from any and all claims or suits for damage, for injuries or complications resulting from any beauty services provided by Infinity Brows & Beauty. I understand that any spot removals / skin revision work performed may result in minor scarring and or loss or gain of natural skin pigment. (Initial Here)_____

4. The skin type of every client is different and the healing process may lead to some discoloration of the skin. (Microdermabrasion or skin rejuvenation) may be advised, after the healing process is complete. (Initial Here)_____

5. I understand that the taking of before and after photographs of the said procedures is a condition of such procedure. I grant permission for the use of the photographs, or electronic media images as identified, in any presentation of all kinds. (Initial Here)_____

6. I have received pre and post procedure instructions with the care kit and will strictly adhere to them. I understand that my failure to do so may jeopardize my chances for a successful procedure outcome. (Initial Here)_____

7. I understand the importance of my accurate and complete medical history. I understand that withholding any medical information may be detrimental to my health and safety during and after the procedure. I understand that if there is any change in my medical history it is my responsibility to inform the technician. (Initial Here)_____

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8. I am aware that any skin altering procedures such as Laser treatments, plastic surgery, implants, injectables and weight gain or loss may alter the treatments look. (Initial Here)_____

I, the client, agree with all points listed and discussed, and wish to proceed as recorded. I participated fully in the decision for the selected area or areas intended for my Plasma Pen Treatment. I certify I have read and initialed the above paragraphs. I have had it explained to my understanding therefore I consent to this procedure. I accept full responsibility for the decision to receive this treatment.

Client's Full Name

(PRINTED): _____

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Client Signature: _____

Date(M/D/Y): _____

Treatment Agreement I, the trained technician, confirm I have checked all paperwork including consent forms and medical history, I have discussed all procedure points with my client and they understand all elements of the Plasma Pen Treatment. Aftercare advice has been verbally presented to the client and written instructions will be provided.

Technician Signature: _____

Date: (M/D/Y) _____

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Plasma Skin Tightening AFTERCARE INSTRUCTIONS

Keep the area clean to avoid infections until the scabs have formed and exfoliated on their own. Follow the aftercare instructions exactly as written to ensure the best possible healed outcome.

1. Ice the treated area (use a clean tea towel to cover the ice pack) alternating 10 minutes on and 10 minutes off - for up to one hour for the first 2 days.
2. Keep the treated area clean using a mild unscented glycerin or Dove unscented soap twice a day (morning and night) Gently splash the area with cool water and very gently clean with soap and rinse very thoroughly. Use very mild gentle pressure to clean skin. DRY WELL - PAT DRY. Make sure skin feels dry and tight before applying aftercare.
3. Gently apply your Aftercare product (using only clean hands) to the treated area as needed to relieve pain/itching each day until your scabs fall off on their own.
4. IMPORTANT!!! Allow the scabs to come off on their own. This will ensure the best possible healed result and avoid scarring and infection. Do not pick the scabs, let them fall off on their own or you risk scarring.
5. Do not apply any makeup (even mineral) until the scabbing or peeling is complete (about 7-10 days).
6. Be patient with the process and allow yourself time to rest and heal.
7. IMPORTANT!!! Avoid sun exposure and tanning beds - Once the scabbing / peeling process is complete, always apply a broad spectrum sunblock to the treated area for a minimum of 3 months after your last treatment. The skin is still healing and can become damaged by the UV rays causing hyperpigmentation.
8. Do not apply any plasters (liquid bandaid) on the treated areas as doing so can delay the natural healing process.
9. Don't work out, swim, hot tub or steam bath (avoid sweating and soaking scabs) Swelling Swelling is to be expected after this type of treatment. This is due to the fact that the area will be recovering from a deliberate controlled wound, therefore the natural side effect is swelling. There are steps you can take to minimize the swelling but it cannot be avoided. You can't avoid or cure the swelling - it is a response to the trauma. The swelling will subside in a matter of days.

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Stages of Healing

Day 1: Try to lay propped up with pillows. Do not lay completely horizontal. Weeping from the treated area is normal as well as some pain and discomfort. The swelling will likely be worse in the mornings and lessen towards the evening. You may find it difficult to open your eyes in the morning following the treatment however, it will subside throughout the day. It will feel like a bad sunburn.

Day 2: The Swelling typically peaks by day 2. Do not be surprised if the swelling is worse on the 2nd day. Remember: swelling is worse in the mornings and lessens throughout the day. Swelling can also spread to the under eye area DON'T PANIC this is perfectly normal. The upper and lower eye are all connected therefore the fluids from the upper eye will drain to the lower eye area. Discomfort and pain are still present and to be expected on the second day.

Day 3: You will notice an improvement in the swelling and the "dots" will start to crust/scab over. The scabs must not be picked, allow them to fall off on their own. Your level of discomfort will have subsided dramatically. Minimal pain expected for the third day. For those who experienced the under eye swelling, this will still be present.

Day 4: Some mild residual swelling may still be present on the upper eyelids. No more pain or discomfort should be felt.

Day 5: Swelling should be complete and scabs may still be present. The under eye swelling should be almost completely resolved by this point if not gone.

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Contraindications

This treatment is not suitable for everyone. Contraindications include:

- The client should be in good health at the time of the appointment, with no preexisting health conditions. If the client displays signs of cold or flu the treatment should be rescheduled.
- Contact lenses must be removed when performing treatment on the upper eyelids.
- Clients skin should not be inflamed in the area we are treating prior to procedure.
- Clients prone to keloid scars are not ideal candidates.
- Clients with diabetes, healing disorders or lymphatic draining issues should not undergo treatment.
- Clients with a sunburn/suntan should postpone treatment for up to 8 weeks or until tan/burn signs disappear.
- Clients who have a history of Hyperpigmentation are not ideal candidates.
- The client must not display Herpes Simplex Virus (Cold sores/Fever blisters). Client will need to reschedule their appointment if they are experiencing an outbreak. Working in and around the lip area will likely trigger an outbreak on anyone who has ever experienced the virus. If client has experienced Herpes Simplex Virus (Cold sores/Fever blisters) in the past they must see their Medical Doctor and obtain a prescription for Valtrex and begin taking it 3 days before treatment and for 4 days following treatment.
- If the client wears a pace-maker, avoid treatment with electrical arcing as the currents may disrupt the rhythm of their device.
- Clients who are pregnant or breastfeeding are not ideal candidates.
- Clients should discontinue use of any AHA skincare products for 4 weeks prior to Fibroblast Treatment.
- **Clients with Eyelash extensions receiving upper or lower eyelid treatment MUST have lashes removed prior to treatment and reapplied after 8 weeks. Eyelash extensions can be full of bacteria and due to the swelling that takes place, the extensions can embed into the eyelid.**

I have read and understand the aftercare & contraindications. (Initial here)_____