

Contraindications

In medicine, a contraindication is a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

- Pregnant or breastfeeding.
- Under the age of 18.
- Taking immunosuppression medication/have been diagnosed with an immune disorder.
- Have any active infection.
- Have an upcoming surgery within 4 weeks.
- Taking blood thinning medication.
- Noncompliant with aftercare instructions.
- Commonly suntan.
- Diabetic.
- Currently taking painkillers, street narcotics, or have drinking problems.
- Taking krill oil/fish oil.
- Have an undiagnosed/untreated heart issue.
- Have taken antibiotics in the past 30 days.
- Have tendency to keloid.
- Have had peels/laser/micro needling within the past 4 weeks.
- Have taken Accutane in the past year.
- Have had laser resurfacing in the past year.
- Have had Botox injections on the forehead within 3 weeks.
- At high risk of infection/must take antibiotics during dental work.
- Trichotillomania diagnosis.

Client Signature: _____

Date: _____



Client Personal Record & Medical History

Name: _____

Address: _____

Email: _____

Phone: (H) _____ (W/C) _____

Emergency Contact: Name _____ Number: _____

Date of Birth: _____ Sex: Male Female

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you under the age of 18? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you taken any fish oil or blood thinning supplements/prescriptions in the past 10 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you taken any illicit drugs in the past 24 hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any laser treatments or peels in the past three weeks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your physician advised you to not receive tattoos? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently undergoing radiation or chemotherapy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently using over the counter or prescription retinol products? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had your eyebrows tattooed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any immunosuppressive medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently pregnant or breastfeeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had Botox on your forehead in the past three weeks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you prone to excessive bleeding or infection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you taken antibiotics within the past month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with cancer or diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with HIV or AIDS? |

LIST ALL MEDICATIONS/PRESCRIPTIONS, MEDICAL CONDITIONS, AND ALLERGIES:

Studio Fresh makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. The severity of these complications may vary. I understand the risks related to having this service done and consent to receiving the service.

Client Signature: _____

Date: _____

I, _____ acknowledge that I have been given the full opportunity to ask any questions which I may have. I also acknowledge that all my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the fact of the matters set below, and I agree as follows:

I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the inks used, topical preparations, aftercare ointment, or processes in the procedure, and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing allergies and sensitivities. _____ **(Initial)**.

I acknowledge that complications are always possible as a result of the permanent makeup procedure, particularly in an event where post procedural instructions are not followed. _____ **(Initial)**.

I realize that my body is unique, and the practitioner cannot predict how my skin may react or how my treatment results may heal as a result of the procedure. _____ **(Initial)**.

I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result. _____ **(Initial)**.

I understand that future laser treatments or other skin altering procedures may alter or degrade my permanent makeup. I further understand that such changes are not the fault of the practitioner. I further understand that such changes may not be correctable through further permanent makeup services. For the purpose of education or assistance, I consent to the admittance of authorized observers to the procedure. _____ **(Initial)**.

I understand that taking Before and After pictures is a condition of such procedures. I hereby forever release and discharge Thereasa Dougan from any and all claims, action and demands arising out of use of said photographs for website. _____ **(Initial)**.

The color and shape of the brow is chosen with the professional opinion of the artist. The service will not be performed if the client does not approve of the color of ink or design of the brow. I consent to the color and to the shape the artist has shown to me before performing the service. _____ **(Initial)**.

I acknowledge that the obtaining of the permanent makeup procedure is by my choice alone, and I consent to the application of the procedure and to its risks, and to any conduct or actions of the practitioner reasonably necessary to perform the procedure. _____ **(Initial)**.

Client Signature: _____ Date: _____

What to Expect

After treatment, it is normal to feel a sunburned sensation for a couple of days followed by dry, itchy, or tender skin. Brows will appear darker and bolder a few days after the appointment. During healing, they will lighten 30-40% and shrink in size. Healing process takes approximately 4-6 weeks. As your skin naturally exfoliates and regenerates, you will notice color change, disappear, and reappear as they settle. Color may flake off and appear softer and less visible but will slowly reappear over the next few weeks. This is all absolutely normal, and why two appointments may be necessary. Be patient and know that this is all part of the normal and expected healing process.

Washing Instructions

Washing the tattooed area 3-5 times a day for 3-4 days (or until the brows begin flaking). Your skin will be assessed to decide how often they should be washed a day. Using lukewarm water and a gentle cleanser, lightly massage the brows in small circles, pat dry with a soft tissue or cotton round, and apply a rice grain amount of provided after care ointment to each brow every time they are washed. Begin washing your brows about 1-2 hours after your service. Keep the area clean and allow the skin to breathe for the best retention results. Applying too much ointment can result in temporary small bumps around the brows.

Recommended Cleansers

Gentle cleansers by the brands Cerave', Cetaphil, or Ponds are best. Avoid using cleansers that contain oils, charcoal, or acids. Avoid using bar soap and micellar cleansers.

What to Avoid for 7-10 days:

- These activities may be resumed once the brows are completely done flaking: Increased Sweating, Exercise, Strenuous Activity
- Getting your brows/forehead wet outside of the instructed washing (shower/saunas/jacuzzies)
- Tanning bed use at any point after having brows tattooed will result in discoloration and premature fading.
- Natural UVB/UVA rays pose risk of discoloration. When brows are done flaking, wearing an SPF will prevent discoloration and fading.
- Always let estheticians know of any permanent makeup procedures before receiving peels, micro needling, microdermabrasion, or lasering services.
- Do not pick at flaking or possible scabbing. This will pull the ink out permanently.
- Wash hands prior to washing brows, and wash pillowcases to lower the risk of infection.
- Avoid Retin-A, retinol, Vitamin A or oils on the forehead.
- No lotion, non-gentle cleansers, or makeup should be applied to the brows until they are done flaking.

During and Post Healing

Continue to minimize sun exposure. A moisturizer with an SPF of at least 15 is recommended to protect pigment from the sun's rays. Laser on treated area can cause the ink to discolor. Exfoliating and skin lightening products (chemical peels, alpha & beta hydroxyl acids) promote ink loss, these products should be avoided on the treated area. Any form of topical Vitamin A should be avoided on the forehead altogether. Facial oils and natural skin oils on the forehead will result in blurred hair strokes over time. If having an MRI, advise the health care workers of any permanent makeup procedures. The ink used at Studio Fresh does not contain heavy metals.

Please email Thereasa at thereasa.dougan@gmail.com with any questions or concerns.