



PMU Pre-Treatment

Your color retention and comfort depends on your compliance with these instructions.

- Do not schedule a procedure prior to major events, such as a vacation, wedding, photos, important social outing, etc. Be advised at least one touch up is required 4-6 week after initial application. Plan all activities accordingly to avoid having to prolong your touch up. In the event that your initial touch up application exceeds 12 weeks, you will be required to pay the touch up application price and an additional touch up after will be required, since it will be like starting over.
- If you are planning an eyeliner procedure and use contact lenses, please wear or bring your eye glasses to all appointments.
- For eyeliner/lash enhancement procedures please remove lash extensions at least one week prior to appointment. It is recommended to keep them off until after your initial touch up.
- Lash growers/serums/conditioners must be discontinued 2 weeks prior to any eyeliner or lash enhancement procedure and can not be used again until 2 weeks after your touch up.
- If you are planning a lip color procedure and have ever experienced a cold sore, it is recommended you obtain a prescribed anti-viral medication (Valtrex). The medication must be taken two days prior to the procedure. This does not ensure you will not get a cold sore and sometimes you can experience one even if you have never had them.
- If you become sick with anything viral or bacterial you will be required to reschedule your appointment.
- It is necessary to be off of Accutane for one year, prior to all procedures. It is necessary to be off any exfoliating products for 7 days prior to treatment.
- Try to avoid aspirin products for 7 days prior to all procedures unless medically necessary.
- Tylenol and Ibuprofen must be avoided for 48 hours prior to procedure.
- Avoid alcohol 24-48 hours before all procedures. Avoid caffeine the day of procedure.
- Avoid planning your procedure during or directly before your menstrual cycle as you will be more sensitive.
- Clients who use nicotine regularly will experience longer healing times and color may not heal favorably. Additional touch ups may be needed. Those touch ups are not included in initial price.

Permanent Makeup Confidential Medical Profile



Client Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

Address: _____

Allergies: _____

Please circle the answer that applies:

- YES NO Are you under the age of 18?
YES NO Are you pregnant or nursing?
YES NO Have you had any blood thinning medications in the last 7 days?
YES NO Have you had any mood altering medications in the last 24 hours?
YES NO Do you have a history of herpes, cold sores, or fever blisters?
YES NO Do you have a history of skin disorders or remarkable skin sensitivities?
YES NO Do you have problems with healing?
YES NO Have you had any permanent makeup procedures before?
YES NO Have you had any previous problems with tattoos/permanent makeup?
YES NO Are you currently undergoing chemotherapy or radiation?
YES NO Are you currently using Retin-A or alpha-hydroxy skin care products?
YES NO Have you had a photofacial or laser rejuvenation in the last 30 days?
YES NO Do you wear contacts?
YES NO Are you using any lash conditioners/growers or serums?
YES NO Do you use nicotine on a daily basis?
YES NO Do you have a history of keloid scarring?

Please circle all the applies:

- | | | | |
|---------------|----------|-----------------------|---------------------|
| Heart Disease | Alopecia | Kidney Disease | Trichotillomania |
| Hepatitis | Dry Eye | HIV | Autoimmune Disorder |
| Cancer | Keloids | Diabetes | Hyper-pigmentation |
| Epilepsy | Stroke | Bleeding Disorder | Hypo-pigmentation |
| Glaucoma | Herpes | Sores/ Fever Blisters | |

Please list any and all medications you are currently taking

Practitioner makes no attempt to or claim to practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. By signing this consent you are acknowledging that you are in good health and there are no apparent reasons to restrict you from receiving a tattoo.

Client Signature _____ Date _____

PMU Informed Consent



PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND AND ARE IN AGREEMENT WITH EACH STATEMENT BY PLACING YOUR INITIALS NEXT TO EACH ONE.

_____ 1. I understand and accept that permanent makeup is a process, often requiring multiple applications of color to achieve desirable results and 100% success CANNOT be guaranteed. After the first two applications I fully understand that there are additional costs as explained to me by my technician.

_____ 2. I have received, reviewed and understand the written and verbal post procedural instructions as given to me and agree to follow them exactly.

_____ 3. I understand that before and after photographs may be taken and the rights to all photographs taken belong to LOTUS Hair Spa, and therefore may be used in anyway LOTUS Hair Spa chooses to do so.

_____ 4. If I wear contacts, I am aware that I must remove them prior to an eyeliner procedure.

_____ 5. If I wear false eyelashes I am aware that I must remove them prior to an Eyeliner/Lash Enhancement procedure. I am also aware that any lash enhancement serums/conditioners can affect the outcome of my Eyeliner/Las Enhancement procedure.

_____ 6. I understand that the procedure(s) will fade, and this fading can alter the original pigment color. Fading can be remedied with a touch up visit.

_____ 7. I understand this is an elective cosmetic procedure that is not an exact science and is not medically necessary.

_____ 8. I understand that laser hair removal procedures may turn lip pigment dark or even black.

_____ 9. I understand that the following may occur; minor and temporary bleeding, bruising, redness, or other discoloration, swelling, fading, or loss of pigment, and cold sores on lips. (For individuals who are prone to them.)

_____ 10. I have disclosed all pertinent medical history, medications and allergies to ensure the safety of my procedure(s).

For corrective procedures or any type of coverup of another technicians work:

_____ 1. I understand that my outcome including but not limited to color, shape and retention can not be guaranteed.

ACCEPTANCE:

I have thoroughly read and understand this document. The risks involved with my procedure(s) have been verbally explained to me. I thoroughly understand all the written and verbal aftercare instructions. I certify that all of my questions have been answered and I accept full responsibility for any complications that may arise during or following the procedure(s) to be performed at my request.

CLIENT SIGNATURE: _____ DATE: _____



PMU After Care

Your color retention depends on your compliance with these instructions.
DO NOT DEVIATE FROM THESE INSTRUCTIONS

- NO cleansers, creams, make-up or any other products other than that given to you on the area for at least 10 days. No chemicals, Vitamin A creams or exfoliants anywhere near the treated area until healed. No direct sun exposure until healed 21-30 days.
- BROWS ONLY: Beginning three hours post procedure, wash the area with a gentle cleanser. Blot the area with a paper towel to remove any excess blood, lymph and ink. Continue carefully washing the brow area twice a day for 10 days. Apply a thin layer of grape seed oil or ointment given directly after. NO make up on brows for 7-10 days. No tinting of brows for 14-21 days following procedure.
- LIPS ONLY: Apply Vaseline daily as needed. NOTHING ELSE! No lipstick, gloss or chapstick for 10 days.
- EYES ONLY: Wash face as normal with a gentle cleanser for the first 7-10 days. Apply grape seed oil at bedtime after cleansing face. No make up remover wipes, eyeliner, waterproof mascara or dirty brushes near the area for 7-10 days. Mascara may be worn but only if it's a new tube that contains no bacteria.
- DO NOT OVER APPLY OINTMENT OR GRAPE SEED OIL ON BROWS OR EYES ! MORE IS NOT BETTER.
- DO NOT pick or scratch the area. Let any scabbing or dryness exfoliate naturally. Picking will cause loss of pigment and scarring.
- Avoid direct sun exposure for 3-4 weeks after procedure.
- Avoid excessive sweating for 24 hours.
- Avoid sleeping on your face for the first 10 days.
- The entire healing process can take 14 to 21 days. Itching and flaking may appear during the first 7 days post procedure.
- Your new permanent make up will go through several phases during the healing cycle.
- The pigment will appear very sharp and dark immediately after and for several days after the procedure. This is because the pigment is still sitting on the top of the skin and has not yet settled in completely. The color of the pigment will soften gradually.
- Do not be alarmed if you see pigment on the cotton swab while applying your aftercare balm, as this is excess pigment and/or body fluid that is naturally exiting your skin.
- Once the healing of the skin starts taking place, it will look like dandruff flakes or dry skin/crust. This might give you the impression that the color pigment is fading too quickly, however, this is just the superficial color and dry skin being naturally removed from your skin.
- Once totally healed, always apply a layer of sunscreen of at least SPF 30 when they are exposed to any type of sun. Sun exposure causes the pigment to fade more quickly.
- Make sure your touch up is scheduled 4-8 weeks after your first initial procedure. It is imperative that one if not two touch ups be performed to finalize your procedure. The number of required touch ups will vary from person to person depending on but not limited to lifestyle, medications, illness, skin conditions and age.
- You can expect to need touch ups annually. Of course these are just guidelines and every person accepts and retains color very differently based on reasons stated above.

Please Call/Text me at 208.571.9639 with any questions or concerns. Feel free to text progress photos. I love to know how things are looking!