



Lasting Lines PMU

515 Ashman Street | Midland, MI 48640 | (989) 837-1044
Email: lastinglinespmu@gmail.com | Website: www.lastinglinesPMU.com

CONFIDENTIAL CLIENT MEDICAL HISTORY

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email address (please print clearly): _____

Reason for wanting permanent make-up? _____

Emergency Contact: _____ Emergency Contact Phone Number: _____

Physician: _____ Phone: _____ City: _____

Are you under a doctor's care right now? ____ If yes, for what reason? _____

Date of last menstrual cycle (for sensitivity reasons): _____ Stage of pregnancy if applicable: _____

How did you hear about us? /Who do you want to give your referral credit to? _____

Birthdate: ____ / ____ / ____ *You must be 18 years or older OR accompanied by parent or guardian with valid ID and birth certificate.

Eyelash extensions cannot be worn at the time of your eyeliner procedures. Eyelash serums cannot be used 2 months prior to your eyeliner procedure. They may be resumed 2 weeks after your eyeliner procedures are done. Eyelash serums, such as Latisse, are wonderful products but may cause much discomfort during the eyelash procedure since they stimulate the nerve endings and make the area very sensitive.

Medical Questionnaire - Please circle all that apply, even if it has only happened once in your life:

- | | | | | | |
|-------------------|--------------|-------------------|-------------------|----------------------|------------------|
| Heart Attack | Hemophilic | Epilepsy/Seizures | Contact Lenses | Eczema | Kidney Problems |
| Heart Murmur | Allergies | Anemia | Eye Infections | Lupus | Fluid Retentions |
| Pacemaker | Diabetes | Jaundice | Retina A | Microdermabrasion | Glycolic Acid |
| Heart Surgery | Stroke | Hepatitis | Retina Transplant | Any Skin Disease | |
| Any Heart Disease | Asthma | Tuberculosis (TB) | Glaucoma | High Blood Pressure | |
| Joint Replacement | Cancer | HIV/AIDS | Blurred Vision | Blood Transfusions | |
| Implants | Chemotherapy | Rheumatic Fever | Eye Surgery | Chemical Peels | |
| Cold Sores | Radiation | Shingles | Any Eye Problems | Anxiety Attacks | |
| Arthritis | Hay Fever | Radial Keratotomy | Collagen | Keloids | |
| Fluid Retentions | Breast Lumps | Severe Headaches | Mental Illness | Respiratory Problems | |
| Substance Abuse | Alopecia | Sinus Problems | Smoking | Collagen | |

Are you allergic to any of the following drugs? (Please circle)

- | | | | | | | | |
|-----------|------------|---------------|-------------|--------------|--------------|--------------------|--------------|
| Benadryl | Aspirin | Petroleum | Antibiotics | Tetracycline | Benzocaine | Codeine | Sulfa |
| Lidocaine | Penicillin | Neosporin | Cortisone | Lidocaine | Latex | Bacitracin | Erythromycin |
| Tylenol | Soap | Disinfectants | Tetracaine | Epinephrine | A&D Ointment | Others not listed: | |



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Are you taking any of the following medications? (Please circle)

Blood Pressure Pills	Tranquilizers	Insulin	Cortisone	Headache Pills	Fish Oil/Omega Pills
Blood Thinning Pills	Antibiotics	Steroids	Hormones	Arthritis Medication	Diabetic Pills
Lash Enhancement Serums	Facial Filler	Hydraulic Acid	Accutane	Vitamin E	Antibiotics for Dental Appointments
Dermatology Products	Botox	Medical Marijuana	Aspirin	Others not listed:	

Any other information that would aid the body-art technician or any other individual in providing information on the client's suitability for receiving a body-art procedure and the client's healing process should be listed here:

Wellness Check

How do you physically feel right now, well or not well?

Can you measure your current body temperature? (This needs to be done before arrival on the day of the procedure.)

What is your current body temperature? (This must be in a healthy range.)

Circle all that apply: feverish, chills, muscle aches, runny nose, shortness of breath, cough, newly developed or worsening, sore throat, headache, abdominal pain, nausea or vomiting, loss of taste or smell (Please do not come in if you have any of these symptoms please get tested.)

Have you had the COVID-19 test? (You must have negative test results now if you have tested positive in the past)

Is anyone in your household feeling sick? (please do not come if you think you have been exposed to contagious illnesses in your home please get tested)

Have you come into contact with someone who tested positive for COVID-19 in the last two weeks? (please do not come in if you think you have been exposed to contagious illnesses anywhere please get tested.)

If you develop any of these emergency warning signs for COVID-19, get medical attention immediately:

-trouble breathing -persistent pain or pressure in chest -new confusion or inability to wake up -bluish lips or face

Your continued input is vital in helping Michigan reduce the spread of COVID-19. This wellness check does not replace the judgement of healthcare professionals or the performance of any clinical assessment. Please continue to follow recommendations from local healthcare professionals.

My signature below constitutes my acknowledgment that ALL the above information contributed by me is accurate to the best of my knowledge. I also understand that if I am under doctor's care for certain medical conditions, I may need to wait until my doctor gives me permission to proceed with the procedure. For example: permanent eyeliner cannot be applied if eye surgery was recently performed and are still healing. I also understand that it is my responsibility to receive medical clearance from a doctor or physician before proceeding with the procedure.

Client Signature: _____ Date: _____

Artist Signature: _____ Date: _____

Medical History Update

Please initial and date to verify that you have reviewed and updated your medical history and wellness check:



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PROCEDURE PRICING

NEW FULL PROCEDURES/OVER 4 YEARS OLD	INITIAL APPOINTMENT COSTS	TOUCH-UP/COLOR BOOST COSTS FOR ALL FULL PROCEDURES
All Procedures	-	Within 90 days \$50/hr
Eyebrows	\$550	Within 1 year \$150
Upper & Lower Eyeliner	\$550	Within 2 years \$250
Lip Pigmentation	\$550	Within 3 years \$350
Both Areola	\$550	Within 4 years \$450

PARTIAL PROCEDURES	INITIAL APPOINTMENT COSTS	TOUCH-UP/COLOR BOOST COSTS
All Procedures	-	Within 90 days \$50/hr
Upper Eyeliner	\$350	Within 1-2 years \$150 Within 3-4 years \$250
Lower Eyeliner	\$275	Within 1-2 years \$150 Within 3-4 years \$200
Blended Lipliner	\$450	Within 1 year \$150 Within 2 years \$250 Within 3-4 years \$350
One Areola	\$275	Within 1-2 years \$100 Within 3-4 years \$200

	<p>TOTAL COSTS OF INITIAL PROCEDURE(S):</p> <p>ALL NEW PROCEDURES AND PROCEDURES OVER FOUR YEARS OLD REQUIRE A \$100 PER PROCEDURE DOWN PAYMENT</p> <p>ALL TOUCHUPS/COLOR BOOST PROCEDURES REQUIRE A \$50 PER PROCEDURE DOWN PAYMENT</p> <p>ALL DOWN PAYMENTS MUST BE RECEIVED TWO WEEKS PRIOR TO YOUR APPOINTMENT DATE.</p> <p>FAILURE TO MAKE DOWN PAYMENTS IN TIME WILL BE A SIGN TO US THAT WE SHOULD GIVE YOUR APPOINTMENT TO THE NEXT PERSON ON THE CANCELLATION LIST.</p> <p>DOWNPAYMENTS CAN BE PAYED BY CHECK OR CASH.</p>	<p>Down payment:</p> <p>Appointment:</p> <p>6-8 week Follow-up:</p> <p>(Sometimes there is no additional work to be done at the 6-8 week follow-up. But you should plan for one incase more work needs to be done after the initial application.)</p>
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20% Discount if two first-time, FULL procedures are done at the same time for one person, which include Upper and Lower Eyeliner*, Eyebrows*, Full Lip Pigmentation* and both Areolas*. (Touch-ups are not included)

Final color consistency or define lines can be achieved as a result of touch-up appointments. At Lasting Lines PMU all new procedures or complete re-dos of old permanent makeup require a follow up appointment 6-8 weeks after the initial application. This appointment is for the artist to check the healed results in person. I understand that there is an additional \$50 fee per hour for each procedure if a touch up is desired, it is not included in the initial charge. If the permanent makeup heals perfectly from the first session there will be photo documentation but no additional \$50 fees at the second appointment.

_____ initial

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Artist Name: _____ Date: _____



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CONSENT TO APPLICATION OF PERMANENT MAKEUP PROCEDURE

CLIENT AGREEMENT

I _____ am over the age of 18, I am not under the influence of drugs or alcohol, I have the desire to receive the indicated permanent cosmetic procedure, and I understand the general nature of cosmetic tattooing. _____ **initial**

- ◇ I understand the permanent skin pigmentation procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, hyperpigmentation, hypopigmentation, color migration, allergic reaction, corneal abrasion, conjunctivitis, milia, cold sores, pain or discomfort, inconsistent color, fanning or fading of pigments, facial muscles and facial drooping affecting the design, and allergic reactions. I understand the actual color of pigment may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo procedure and therefore is not a science but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of said procedure(s) _____ **initial**
 - ◇ I will strictly adhere to all pre- and post-procedure instructions. If I have ever had cold sores, I will consult with and strictly follow my doctor's instruction before contemplating any permanent cosmetic procedure. _____ **initial**
 - ◇ I understand the taking of before and after photographs of said procedure(s) are required. _____ **initial**
 - ◇ I understand that the results of the permanent cosmetics cannot be guaranteed. As such, regardless if I am satisfied with the outcome, there will be no refunds issued. _____ **initial**
 - ◇ I understand all limited time offers are on a first-come-first-serve basis. Clients who miss out on special offers will not be given the same discounts. _____ **initial**
 - ◇ I certify that I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure. _____ **initial**
 - ◇ I understand that my before and after photos/videos and client demographics will be used in advertising. _____ **initial**
- (We do not disclose client names or full face photos without client permission. Typically we share up close pictures of the procedure area.)
- ◇ Permission to tag/name me on social media? YES _____ **initial** NO _____ **initial** (if yes please provide usernames)
 - ◆ Facebook Username: _____
 - ◆ Instagram Username: _____
 - ◆ Other Username: _____

Disclosure Statement /Notice for Filing Complaints

Public Act 375, which was enacted in December of 2010, indicates that individuals shall not tattoo, brand, or perform body piercing on another individual unless the tattooing, branding, or body piercing occurs at a body art facility licensed by the Michigan Department of Community Health. Body art facilities are required to be in compliance with the "Requirements for Body Art Facilities," which provide guidelines for safe and sanitary body art administration. As with any invasive procedure, body art may involve possible health risks. These risks may include, but are not limited to: transmissions of bloodborne diseases such as HIV and viral hepatitis, skin disorders, skin infections, and allergic reactions. In addition, persons with certain conditions including, but not limited to, diabetes, hemophilia or epilepsy, are at a higher risk for complications and should consult a physician before undergoing a body art procedure. If you wish to file a complaint against a body art facility related to compliance with PA 375 or have concerns about potential health risks, please visit www.michigan.gov/bodyart.

A 72-Hour Cancellation Notice is Required
Failure to provide a 72-hour cancellation notice will result in forfeiture of your deposit.

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Artist Name: _____ Date: _____



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PRE-PROCEDURE INSTRUCTIONS

1. Bring pictures to reference.
 - a. Selfies with good lighting can be a nice way to show us how you are used to wearing your makeup.
 - b. Before and after photos from our website or Instagram can be good examples for inspiration.
 - c. If you have picture of other people who you want us to reference we are happy to take a look.
2. Wash face and remove ALL make up **except** the brows so that we can discuss how you are used to wearing them.
 - a. Eyes, lips, and nips need to be free from makeup and other debris or products before arrival.
 - b. We will be prepping the skin with an alcohol prep pad. It is more comfortable if you haven't just removed makeup from the area. It is best to remove eye make up the night before your procedure takes place.
3. Delicate skin or sensitive areas may redden or swell slightly: therefore, it is advised NOT to make social plans for a couple days. In some cases, bruising may occur.
4. Eyelash extensions may not be worn for any eye procedures.
5. Clients using lash serums for lash growth need to refrain for at least 2 months prior to eyeliner procedure because of enhanced discomfort. NO EXCEPTIONS.
6. Please bring your make up colors with you the day of procedure to match up to if you would like.
7. Any tweezing or waxing or harsh skin care treatments should be stopped at least 48 hours before treatment as well as any brow or lash tinting and should not be done for a week after procedure.
8. No contacts may be worn during an eyeliner procedure or within 24 hours after. Please bring glasses with you.
9. If you are having a lip-liner or full lip color procedure and have EVER had a cold sore or fever blister on your lip, the procedure will almost always activate the virus responsible for the eruption. You may ask your physician or dentist for Valtrex which you can get in 500 mg pills. Most doctors have clients take them twice a day starting the day before the procedure and continue for four more days. You will need 10 tablets for each visit. (20 tablets total)
10. If you are having lip color applied, it is recommended that you apply a lip softener (e.g. A&D ointment) to your lips four times a day starting one week before your appointment this is to condition the lip epidermis. A&D ointment can be found in the baby section.
11. **IF YOU HAVE A DRIVER** you may want to take Benadryl (in the pink box for allergy) an hour before your appointment. This is an over the counter product. Benadryl is for swelling, comfort and relaxation. It will cause drowsiness. This results in the eyelids becoming heavy and the muscles around the eye can relax more and move less. **DUE TO COVID-19, DRIVERS / GUESTS ARE NOT ALLOWED IN THE FACILITY AT THIS TIME.**
12. **PLEASE: NO ALCOHOL, ASPIRIN OR ASPIRIN PRODUCTS** (blood thinners) such as Ibuprofen and Aleve, 24 hours prior to your appointment time. The only product for aches and pain that will not make you bleed is Tylenol. Also refrain from Vitamin E and fish oil capsules or other omega pills for a week before. ALL of these make you bleed excessively and could stop the procedure.
13. Please wear comfortable old clothes. If color accidentally drips it will not come out.
14. Please prepare you lifestyle and setting so that you have a clean environment to heal in.

My signature constitutes that I have received pre-care and post-care instructions. I understand my responsibility to follow them. These instructions MUST be followed 100% to achieve maximum results.

Name: _____ Date: _____



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POST-PROCEDURE INSTRUCTIONS

IMMEDIATE CARE: First 24 hours for eyes and lips - Elevate your head and shoulder area for a night or two. This will help with the swelling. If you are concerned about swelling and want it to go down sooner you can apply cold packs, 10 minutes on and 10 minutes off. Take a zip lock sandwich bag filled halfway with ice and wrap a clean moistened washcloth around it. Dry cloth can stick to your wound and harm the treated area.

ABSORBE AFTER YOUR PROCEDURE ON THE DAY OF:

- Gently blot the area with a clean tissue to absorb excess lymph fluid.
- Do this every five minutes until the oozing has stopped.
- Removing this fluid prevents hardening of the lymphatic fluids.

WASH DAYS 1-7

- Wash daily to remove bacteria, build up of products and oils, and dead skin. (Doing this quickly and gently does not remove pigment!)
- Gently wash the area for 7 days each morning and night using clean water and gentle unscented soap like Dial, Cetaphil, or baby shampoo.
- Make sure you have clean hands and water and that you use a very light touch with your fingertips when cleansing the area. Avoid washcloths. (You can use distilled water or boil and cool the water to make sure it's clean.)
- Gently rub the area in a smooth motion for 10 seconds and rinse with water ensuring all the soap is rinsed. (This is supposed to be very quick. Exposing the treated area to water for a long time is NOT recommended while healing. Too much exposure to water can soften the skin excessively and cause the tattooing to slough off.)
- Gently pat with a clean tissue.

MOISTURIZE AND HYDRATE DAYS 1-14

- Apply a thin amount of ointment/moisturizer 3 times a day with a clean cotton swab or clean fingertips and gently spread it across the treated area.
- Be sure to not over apply. Overapplying suffocates your skin and delays healing. The product shouldn't look noticeable on the skin.
- NEVER PUT PRODUCT ON A WET OR DAMP TATTOO. WAIT 5 MINUTES AFTER WASHING AND CHECK TO SEE THE TISSUE IS COMPLETELY DRY BEFORE APPLYING.

IMPORTANT REMINDERS

- Use fresh pillowcases and clean bedding where you sleep.
- Let any scabbing or dry skin naturally exfoliate away. Picking can cause scarring and loss of color.
- No facials, botox, chemical treatments, or microdermabrasion for 4 weeks.
- Avoid hot sweaty exercises and wet activities for at least one week.
- Avoid direct sun exposure or tanning for 4 weeks after the procedure. Where a hat when outdoors.
- Avoid long hot showers for the first 10 days.
- Avoid having your face in pools, lakes, hot tubs, steam, no submerging, no spraying the tattoo for the first 10 days.
- Avoid topical makeup and sunscreen on the treated area while still healing (at least 7 days).
- DO NOT rub, pick, or scratch the treated area.
- Keep fingers and nails sanitized before bed. People scratch while they are asleep.
- After the healing never apply Retin-A, micro dermabrasions, laser peels, acid peels etc. These will lighten the color more quickly over time.
- When you go back to wearing mascara, make sure it is a new tube with no bacteria. And not contacts for 24 hrs. You will repeat this on touch up.
-

IMPORTANT INSTRUCTIONS FOR SHOWERING

- Limit your showers to 5 minutes so that you do not create steam. Keep the water from being steaming hot. Keep your face out of the water while you wash your body and hair.
- Your face should only be getting wet very briefly at the end of your shower.
- Do not expose the treated area to the pressure of the shower water. This will remove pigment while healing.
- Avoid excess rinsing and hot water on the treated area.



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EYES: Never touch the eyes for 7 days. Because of swelling, the tear ducts are not releasing the fluids to cleanse the eye of bacteria so you are more susceptible to conjunctivitis (pink eye) Should someone direct coughs and sneezes in your direction, turn your back. Pink eye can be airborne as well

BROWS: A new 3 by 4-inch band aid can be cut vertically and each night use half to shield each eyebrow after ointment has been applied and excess patted off. This will minimize color loss especially if you're a side sleeper or sleep scratcher.

LIPS: No kissing, stretching, puckering or disturbing the surface of the lips for 7 days. All of these will result in major loss of color. When brushing your teeth try not to rub the handle against the lips and flossing on hold for 7 days. When eating, soft foods are better but if you are eating something you usually cut up, cut it up smaller and pass through the lips without rubbing against them until the top-coat has released.

Eat no berries or drink dark berry wines or juices. This will result in the fruit acids healing under the skin and leaving undesirable color in the lips permanently. Avoid **HOT** drinks and foods. Cool them before ingesting them.

SUN PROTECTION: After 7 days the pigmented area must always be protected from Ultraviolet Rays.

Sunglasses and visors can be used for the eyes when out of doors and when in the tanning booth, goggles or winkies may be used.

- ◇ Any lip balm with **SPF 25** and higher works well for lip protection. Any WAX sunscreen, such as Coppertone Sun Stick SPF 55, for the brow area YEAR-ROUND, will protect the color. These will not only protect the tattoo but will allow the color to show through the skin better.

REMEMBER: The treated area will appear more intense in color until the top-coat releases. The eyes and lips will appear much bigger until the swelling which goes down in approximately 48 hrs (2days) **DO NOT PICK OR PEEL ANY SCABBING.** Let it release by itself. Premature loss of scabbing will result in major color loss or even scarring and will delay your touch up.

- ◇ The scabbing will start to release from the lips starting the 2nd day and finish up about the 4th day.
The scabbing will start to release from all other procedures about the 4th day and finish up about the 7th day.
- ◇ All needles, tubes, color and color caps are disposed of and on your return all new sterilized equipment will be used.
- ◇ Anything that needs to be filled in, widened, lengthened, darkened, will be done when you return for your touch up appointment when all healing has taken place.
- ◇ All touchups must take place within **90 days** from the initial procedure. A **72-hour cancellation notice** is required. **Failure to provide a 72-hour cancellation notice will result in forfeiture of your deposit.**

My signature constitutes that I have received pre-care and post-care instructions. I understand my responsibility to follow them. These instructions MUST be followed 100% to achieve maximum results.

Name: _____ Date: _____

CLIENT INFORMATION – CLINICAL PROCEDURES, FEES, AND APPOINTMENT POLICIES

A. Hygienic Environment: Specific care has been provided for your safety and health. Proper hygienic environmental and infection control is maintained to ensure any risk of transmission of infectious disease.

1. Only new surgically sterile needles are used and thrown away after each use.
2. All tubes are sterile and disposable after each use.
3. Aseptic procedures are followed when handling sterilized instruments and objects.

B. Clinical Outcome of Procedures:

1. The results of your procedure are determined in part to the nature of the pathology of the skin type and, but not limited to, the following factors:
 - a. Medications you are currently taking.
 - b. Skin characteristics: dryness, oiliness, thickness, sun-damaged, color, chemically damaged, etc.
 - c. Natural skin undertones mixing with pigment color.



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- d. Personal pH balance of the skin.
 - e. Alcohol intake, smoking.
 - f. Pre- and post-care treatment.
2. In some cases, these factors can or may interfere with acceptance and overall fading of color pigment.
 3. The pigment contents are; aluminum, titanium, natural organic substances and in some cases, iron oxide, which are all body friendly and chances of any allergic reactions are extremely slim.
 4. Permanent implantation of pigment is a process done free hand. It is in no way an absolute science but rather an art form. To achieve the ultimate results, pre-procedural and post procedural instructions **MUST** be strictly followed.
 5. Each client is given pre-procedure at consultation and post-procedure after.

C. Fees/Payment: The type of procedure, the amount of color desired, the width and the acceptance of pigment is on an individual basis, along with the number of procedures desired. Therefore, our fees are based on the amount of work necessary to perform each type of procedure.

1. Cosmetic procedures include a consultation, and custom color blending. Usually subsequent follow-up visits are necessary for touch-ups and color adjustments to achieve desired results.
2. **Additional touch-up visits after the initial procedure have an additional \$50 per-hour fee for each procedure if it is within 90 days.**
3. New procedures are based on a flat rate charge for each application.
4. 20% off is given when more than one full procedure is done at the same time.
5. Originally, if you chose a conservative approach to Permanent Cosmetics, but after the initial application, changed your mind and desire additional amount of size and color than you originally requested, there will be an additional charge because it requires sometimes as much time as the original procedure. The fee is \$50/hr.
6. If you book a consultation without scheduling the procedure there is a nonrefundable \$50.00 fee. When you schedule a procedure the \$50 consultation fee is credited towards the procedure.
7. Securing your appointment requires a nonrefundable down payment of \$50 per touchup procedure and \$100 per procedure for new makeup/redos over 4 years old. The rest is due at the time of your appointment. No partial payments are accepted.
8. Down payments must be made no later than two weeks prior to your appointment. Failure to do so will result in the next person on the cancellation list taking your spot. We prefer down payments to be made with check through the mail or cash in person.
9. Payments may be made in cash, check, MasterCard, Visa, or debit.
*We prefer cash payments.

D. Clinic Policy:

1. All services are custom made and absolutely nonrefundable in part or full.
2. Gift Certificates are nonrefundable but can be transferred to another person or used for other Aesthetic Services.
3. All procedures must be finished within 90 days from your initial treatment.
4. We require **72-hour notice** for any and all cancellations. **Failure to provide a 72-hour cancellation notice will result in forfeiture of your deposit.**
5. Appointment times are exclusive, and if you fail to keep your appointment for any reason, it may take many weeks/months for another one.
6. Procedures must be finished for proper results. 6-8 week follow up appointments are required for new procedures/redos.
7. We do not service any client under the age of 18 without signed parental consent. A parent must be present during consultation, bring ID for both, bring birth certificates for both.

My signature below constitutes that I have received a copy of this Client Information Sheet and will read it very carefully before my initial procedure. A copy will be put in my personal Clinic Chart.

Client Name _____ Date _____



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Procedure Treatment Log

Client Name: _____

Date of Initial Application: _____ Date of Second Application: _____

Brow

Date: _____

Numbing Cream: _____

Pigment Brand: _____

Color: _____

Design Style: _____

Technique: _____

Needle/Blade: _____

Device: _____

Settings: _____

Artist: _____

Notes:

Eye

Date: _____

Numbing Cream: _____

Pigment Brand: _____

Color: _____

Design Style: _____

Technique: _____

Needle/Blade: _____

Device: _____

Settings: _____

Artist: _____

Notes:



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Lip

Date: _____

Numbing Cream: _____

Pigment Brand: _____

Color: _____

Design Style: _____

Technique: _____

Needle/Blade: _____

Device: _____

Settings: _____

Artist: _____

Notes:

Areola

Date: _____

Numbing Cream: _____

Pigment Brand: _____

Color: _____

Design Style: _____

Technique: _____

Needle/Blade: _____

Device: _____

Settings: _____

Artist: _____

Notes:
