
technician name

CUSTOM COLOR CONSULTATION FORM

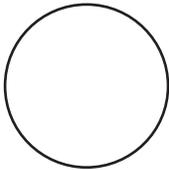
Client Name _____

Date _____

Undertone: (check one)

Warm: _____ Cool: _____

PIGMENTS USED:



CLIENT PHOTO

Special requests, concerns or remarks:

STATEMENT OF CONSENT AND RECITALS: Please read and initial all lines

___ Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email you.

___ I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

___ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. They will alter the color.

___ I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.

___ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm scheduled for an MRI.

___ I accept the responsibility for my explanation to you my desire for specific colors, shape and position for any procedure done today.

___ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I may need to maintain the color with future applications and a touch up session within 3 months.

___ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

___ I have been quoted the cost of today's appointment, which includes one (1) touch-up within a three month period. There will be no refunds for this/these elective procedure(s).

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize my Eyebrow/Eyeliner technician to perform on my body the 3D Eyebrow Microblading or Eyeliner procedure desired today .

Signed _____

Date _____

CONSENT AND RELEASE AGREEMENT

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow Microblading Semi-permanent make up application. If you have questions, please don't hesitate to ask.

Although 3D Eyebrow Microblading is affective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing.

All instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual to expect a touch-up after the healing is completed. Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time and will likely need to be touched-up within 6 months to 18 months. Please note that color may fade faster on oily skin. Please refer to TEMptations Brows & Beyond Policy sheet.

PHOTOGRAPHY RELEASE CONSENT

We would like your permission to use these photos for advertising. For example, in portfolios, online and in print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

YES, feel free to use them

NO, please do not use them

Signed _____ Date _____

Email: _____

Phone: _____

Special requests, concerns or remarks for technician:

CLIENT MEDICAL HISTORY FORM

Name: _____ Birth Date _____

Address: _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Emergency contact person: _____ Phone# _____

Do you presently have or previously had any of the following: (Circle yes or no)

- Yes No History of MRSA
- Yes No Botox
- Yes No Diabetes
- Yes No Lip fillers/ Restylane/ Juvederm
- Yes No Cold Sores/ Fever Blisters ever?
- Yes No Blepharoplasty (Eyelid surgery)
- Yes No Hepatitis (A,B,C,D)
- Yes No Forehead/Brow lift
- Yes No Easy bleeding
- Yes No Face lift
- Yes No Alcoholism
- Yes No Eye surgery/ injury/ Corneal abrasion
- Yes No Abnormal Heart Condition
- Yes No Contact Lenses now
- Yes No Take meds before Dental work
- Yes No Chemical Peel (last treatment_____)
- Yes No Pregnant now/ Breast feeding now
- Yes No Brow or Lash tinting
- Yes No Autoimmune Disorder
- Yes No Oily Skin
- Yes No Cancer year_____
- Yes No Accutane or acne treatment
- Yes No Chemotherapy/ Radiation
- Yes No Tan by booth or sun
- Yes No Tumors/ Growths/ Cysts
- Yes No Difficulty numbing with dental work
- Yes No Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, etc.
- Yes No Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc.
List _____
- Yes No Allergies to metals, food, etc.
- Yes No Any diseases or disorders not listed: _____
- Yes No Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?

Please list medication or vitamins you're presently taking

I agree that all the above information is true and accurate to the best of my knowledge.

Signed: _____ Date _____

POSSIBLE RISKS, HAZARDS OR COMPLICATIONS

- **PAIN:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.
- **INFECTION:** Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See “After Care” sheet for instructions on care.
- **UNEVEN PIGMENTATION:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **ASYMMETRY:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.
- **EXCESSIVE SWELLING OR BRUISING:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.
- **ANESTHESIA:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.
- **MRI:** Because pigments used in permanent cosmetic procedures contain iron oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your technician of any tattoos or permanent cosmetics.
- **ALLERGIC REACTION:** There is a small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this. Please initial to: Waive _____ or Take _____.

The alternative to these possibilities is to use cosmetics and not undergo the 3D Eyebrow Microblading procedure.

Consent and release for procedures performed:

Signed _____ Date _____

EYEBROW AFTER-CARE

Just a side note: We aim for perfection but everyone's skin is different and will react differently to the procedure of Semi-Permanent 3d brows. Some skin will heal faster than others, some skin will retain the pigment longer, all skin is aging, some of us will be harder on our skin than others; swimming, tanning and weather all have a negative effect on our skin. And, this is a big AND, nobody's eyebrows are exactly the same. Our goal is to make them match as closely as possible but nature does play a role in the contour of our brows.

MOST IMPORTANT

- For the first day every hour after the procedure wipe very gently with a cotton pad dipped in distilled water and then apply a dab of Bepanthen cream (a very thin layer) to the brow. From day 2 through day 10 dab a very thin layer of cream 4 or 5 times a day (do not use the distilled water after the first day). Never rush the healing process. Do Not scrub, rub or pick at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out.
- Do Not get the brows wet (the exception is wiping with the distilled water the first day) during the healing process for 14 days.
- Do Not put anything (water, make-up, lotions etc.) but the distilled water and cream as described above on the brows for 14 days or until healed.
- Do Not sweat for 14 days - this is a hard one, but body heat expands the pores. Sweat has salt and will prematurely fade, blur or cause the pigment not to take at all.
- Stay out of the sun for two weeks. Then be sure to use sunblock on the healed brow to prevent fading.
- Do Not use any Retin-A or Glycolic Acids in the brow area during or after healing.
- Do Not use a tanning bed for a month ... preferably, never!
- It is recommended that you apply Vaseline to treated areas prior to swimming even after healed to prevent the chlorine water/salt water from penetrating the area.
- Only touch the treated areas with squeaky-clean hands during the healing process.
- Try not to sleep on your face for the first 10 days.

Note: Eyebrows will appear darker and bolder due to natural scabbing and healing for the first 10 days. We want you to be thrilled with the results for the months ahead, so follow the instructions!

FAILURE TO FOLLOW AFTER-CARE INSTRUCTIONS
MAY RESULT IN INFECTIONS, PIGMENT LOSS OR DISCOLORATION.

We recommend yearly touch-ups.

PMU and BROWS by TEM TOUCH-UP POLICY

We want to reiterate that all skin is different and it accepts dyes differently. Oily skin is especially difficult as it tends to "push" the color out and it will most likely need a touch-up within a month or so. To accommodate the needs of our clients, we are happy to offer: A free touch-up, if needed, within one to three months. This appointment is made on the availability of the TEMptations Brows & Beyond schedule.

- Additional touch-ups, if needed, up to 6 months after the initial session will be \$75 per session.
- Yearly touch-ups will be at the current price.

TEMptations Brows & Beyond 570-279-0281

