



NOUVEAU CONTOUR Artist: Barbara Kilgore
MASTERS IN MICROPIGMENTATION

Photography and Publicity Release Form

I, _____, give my permission to use my image, appearance as such may be embodied in any pictures, photos, video recordings, digital images, testimonials, reviews taken or made on behalf of Bell Aesthetics and Barbara Kilgore. I agree that Bell Aesthetics and Barbara Kilgore has complete ownership of such picture, etc., including the entire copyright, and may use them for any purpose consistent with Bell Aesthetics mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or latter developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and herby release Bell Aesthetics and Barbara Kilgore and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understand this consent and release.

I give my consent to Bell Aesthetics, and Barbara Kilgore to use my likeness to promote the company, and/or their activities.

Signature

Date

Print Name



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**PATIENT CONSENT TO
PERMANENT MAKEUP PROCEDURE**

Name _____ DOB ___/___/___ Age _____

Address _____ City _____

State ___ Zip _____ Home Phone _____ Work Phone _____

I _____ am over the age of 18, am not under the influence of drugs or alcohol and consent to the following cosmetic procedure: _____.

The general nature of cosmetic permanent makeup as well as the specific procedure to be performed has been explained to me and I understand the procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reactions, scarring, inconsistent color, spreading, fanning or fading of pigment. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore 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 the said procedure(s). X _____

I will strictly adhere to all Pre- and Post- Procedure instructions. If I have ever had a cold sore, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetics procedure around my lips. X _____

I understand the taking of before and after photographs of said procedure(s) are required.

I certify I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit and I will not hold Bell Aesthetics or Barbara Kilgore for any unforeseen condition arising out of the indicated permanent cosmetic procedure.

Patient Signature _____ Date _____

Print _____



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CONFIDENTIAL MEDICAL PROFILE

Name _____ DOB ___/___/___ Age _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell Phone _____

Referred By: _____

To avoid unforeseen complications, please answer the following questions:

yes	no	Are you under the age of 18? Legal guardian initials: _____
yes	no	Have you had any aspirin or blood thinning products within the last 7 days?
yes	no	Have you had any mood-altering drugs within the last 8 hours?
yes	no	Do you have any history of cold sores, herpes, or fever blisters?
yes	no	Are you sensitive to latex?
yes	no	Do you have problems with healing?
yes	no	Have you had any previous problems with tattoos, or has your physician advised you not to have a tattoo currently?
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	Do you wear contact lenses? (If yes, I understand they must be removed before any eyeliner procedure and should not be replaced until the next day.)X _____
yes	no	Are you allergic to any metals?
yes	no	Have you ever had any permanent make-up procedures before?
yes	no	Are you taking any anti-inflammatory medications or steroids?
yes	no	Are you suffering from withdrawal from caffeine products?
yes	no	Are you allergic to topical antibiotic preparation or desensitizers? (i.e.. Polysporin, bacitracin, Neosporin, or "Caine" family of drugs or petroleum products)
yes	no	Do you have a history of any skin diseases or remarkable skin sensitivities?
yes	no	Are you currently taking Vitamin A and/or E in any form?
yes	no	Are you pregnant or nursing?
yes	no	Are you required to take antibiotics during dental or invasive medical procedures?
yes	no	Have you had a chemical peel or laser peel? If so when? _____

Please circle any of the following that may pertain to you:

Heart conditions	Hepatitis/Jaundice HIV	Allergies to makeup
Accutane treatment	Kidney disease	Tendency to develop fever
Dry eyes	Blisters on lips	Shortness of breath
Hyper-pigmentation (darkening of skin)	Keloid or hypertrophy scars	Excessive bleeding from minor injuries
Keloid formation	Chest pains	Refractive eye surgery
Glaucoma	Alopecia	Epilepsy/seizers
Diabetes	Stroke	Autoimmune disorders
Ocular herpes	Trichotillomania	Cancer (any type)

Doctor's Name: _____ **Phone:** _____

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. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.



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Fitzpatrick Skin Questionnaire

Questions	0	1	2	3	4	Score
What is your eye color?	Light blue, gray, or light green	Blue, gray or green	Dark blue or hazel	Dark brown	Black brown	
What is your natural hair color?	Blond, red	Sand color, light brown	Dark blonde or medium brown	Dark Brown	Black	
Freckles are located in areas that are NOT exposed to sun.	Many	Some	Little	Hardly any	None	
What happens if you stay too long in the sun?	Painful red blisters and peeling	Blister and peeling	Burning and sometimes peeling	Hardly burn	Never burn	
How tan will you get?	Not at all or hardly any	Very slight tan	Pretty tan	Very tan	Tan very quickly	
Will you become tan within a few hours?	Never	Rarely	Sometimes	Often	Always	
How does your skin react to the sun?	Very Sensitive	Sensitive	Normal	High resistance	Never a problem.	
What is the color of your skin?	Reddish	Pale	Pale beige hue	Light brown	Dark brown	
How long ago did you go in the sun, tanning bed, or use a self-tanner	>3months	2-3 months ago	1-2 months ago	4-2 weeks ago	<2 weeks ago	

Total _____

Score Explanation: 0-7 Category A, 8-12 Category B, 13-17 Category C, 18-25 Category D, 26-30 Category E, 30+ Category F



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POST-PROCEDURAL CARE

EYEBROWS

Permanent Makeup Aftercare – Eyebrows

Eyebrows are the frame of the face. Proper placement of brows will open up the eyes and often time actually change the appearance of the shape of the face. If you have little or no eyebrow hair, you will be amazed at the benefits of this procedure. To maximize the healing process, I recommend three to six weeks between each visit. The first treatment will provide a very defined shape and tint that you can be proud to wear in public without makeup. Looking at a procedure immediately upon the conclusion of one application to decide what it will look like fifteen or more days later is not realistic. While most of us have a desire for everything to be completed as quickly as possible, remember . . . a gradual process of “less to more” and “light to dark” is best. It is truly the finished work that determines the quality of the procedure.

Pre-Procedural Considerations:

- No alcohol or caffeinated product's 24 hours before treatment and no aspirin or blood-thinning medication's five (5) days prior.
- Makeup should be removed and the skin thoroughly cleansed before procedure. I prefer you do this before your appointment.
- For optimal results, the skin to be treated should not be irritated.
- If you use or have used Retin-A or any other medications, please advise the technician.
- Pain Preparation: Though the sensation of micro-pigmentation is minimal, clients respond differently. Some will feel a stronger sensation than others. Overall, procedures require minimal pain preparation. However, most clients use some sort of preparation for the treatment as a mental comfort. Many clients have taken over-the-counter **Tylenol, thirty (30)** minutes before treatment. This will not interfere with the procedure. Any physician prescribed pain-relieving medication for which you have arranged, should be taken as directed, usually after your arrival and 30-minutes before treatment. Please advise me of any medications taken.
- Electrolysis should be completed 5-6 days before your procedure.
- Botox should be done at least 3 weeks before the procedure or wait until after it has healed.

Post-Procedural Considerations – “After Care”:

- The “after care” procedures are as important to the retention of the pigment as the actual implantation process. During these periods, the primary objective is to allow the bonding process to be completely sealed inside the dermis. Your compliance will ensure that you receive maximum benefits from the procedure and reduce the expense of unnecessary follow up visits.

- Judgment of your results should be deferred until three to four weeks following the final procedure. The intensity of the procedure is most prominent following the procedure itself. Over the next 3-7 days, the outer layer of color will appear crusty and start to flake off. Special care should be exercised while the treated area is healing. Under no circumstances should you pick, scratch or rub the treated area or attempt to remove the crusty material. Removing of the crusts may result in the removal of the actual pigment and/or infection may occur. It is important that this protective “cover” stay on during the healing process (three to seven days). As the outer layer flakes off, you will notice that the color is lighter and softer, and the brows may appear to be slightly thinner than the original day of your procedure. For the following two weeks, color that was implanted under the skin will move forward. After three weeks, your healing process should be complete.
- After you leave, and if needed, ice packs can be applied for 10 to 15 minutes each hour for the first 4-8 hours following the procedure. The ice is used to reduce swelling and provide comfort. After the first 24 hours the use of ice is no longer beneficial.
- **No soap, cleanser or shampoo on the treated area for seven (7) days.** Soap and cleansers are designed to remove any foreign substances. Obviously, this is detrimental to the bonding process required for the pigment to become permanent.
- All cleansing should be done with a clean Q-tip dipped in cool water and gently dabbed on the treated area. Do not use your fingers as they may have bacteria on them. Do not rub the area in any way.
- Apply the Aftercare I give you with a Q-Tip. **Please do not use fingers** as they may have bacteria on them. Do not use mineral oil or petroleum based products such as Vaseline. Use the Q-tip in a gentle dabbing motion as not to disrupt the pigmentation bonding process. This will keep the area moist and accelerate the healing.
- If excessive redness, swelling, tenderness, drainage, fever or rash occurs please contact Bell Aesthetics or your health care provider immediately!
- DO NOT LET THE TREATMENT AREA DRY OUT!
- Baths and showers are permitted but do not touch, clean, rub, or scrub the treatment area. Hot, steamy baths and showers should be avoided completely. If hair shampoo or soap touches the treatment area, gently rinse the area with shower water. After two weeks, you may resume all regular activities. Facial treatments should be avoided for two weeks also.
- For at least two (2) weeks, you need to minimize exposure to the sun. I discourage swimming in fresh, salt or chlorinated pool water.
- Do not use any cosmetics on or near the treated area for seven (7) days. The procedure, even after the first treatment, looks so natural that you can feel very secure appearing in public without any additional makeup on the affected area. This rule applies also to non-allergic makeup, as it may contain chemicals that interfere with the bonding process, and could cause an infection.
- If needed, over-the-counter Tylenol is recommended for temporary relief of pain.
- If you use Retin-A, do not allow it close to the treated area. It will cause the area to peel and lighten.
- Always use good health habits.
- If you have any questions after you get home, feel free to call.

- Variations to these recommendations are not encouraged and will most likely affect the final outcome of your procedure, if not totally remove the implantations.
- At the end of three weeks, your procedure should be healed. Please contact your technician if you feel that the treatment area needs to be touched up. If this touch up is needed, this is to be done free of charge. Please do not wait any longer than 3-6 weeks after the initial procedure, to have this done, as there could be an additional charge. Should you require a third or additional touch-ups, there will be an additional charge for that service.
- Should you suspect an infection in or around the procedure area, please contact Bell Aesthetics or your health care provider immediately!

REMEMBER:

- | |
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| <ul style="list-style-type: none"> • <u>Do not</u> use any Retin-A or Glycolic Acids while healing • <u>Do not</u> use peroxide or Neosporin on any areas • <u>Do not</u> scrub or pick treated areas • <u>Do not</u> expose area to sun or tanning beds • <u>Do not</u> dye or tweeze eyebrows one week before or after procedure • <u>Do not</u> do vigorous exercise or sweat for 24 hours • AVOID facials, swimming, and whirlpools for at least 5 days. |
|--|

EYEBROWS DAYS and EFFECTS

- **Day 1 & 2:** The eyebrows are approximately 20-25% Darker and bolder than they will be when healed. Your skin is red under the pigment, which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause excess pigment surrounding the eyebrow procedure to flake away and a narrower appearance will result. New skin will heal over the pigmented area and result in a softer appearance of your eyebrows. Do not be concerned that your eyebrows initially appear darker and heavier in size than you desire. This is all part of the process.
- **Day 3:** Eyebrows will start to itch and will appear a bit thicker in texture. Exfoliation begins.
- **Day 4:** The skin will begin to flack and peel from the outside edges first.
- **Day 5:** Color finishes flacking off and appears softer and grayer for a few days until color clarifies.



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POST-PROCEDURAL CARE AGREEMENT EYEBROWS

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Note: Permanent makeup procedures are affected by the canvas (your skin) they are performed on. If your skin is sun damaged (even from tanning beds), thick and uneven in texture, and/or excessively dry or oily, the result cannot be expected to be perfect after the initial procedure. Scars on the lips from fever blisters cause pigment removal. Lifestyle, medications, smoking, metabolism, facial surgery, and age of skin all contribute to fading. Touch ups are needed 30 days after your initial procedure to ensure the best results and to keep your permanent makeup looking it's best. Your procedure maintenance, as outlined in your pre/Post procedure directions are very important.

Name: _____ Date: _____

Signature: _____