



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

LIPS

Permanent Makeup Aftercare – Lips

We all long for beautiful and full rosy lips...few people are so lucky! Redefinition of an irregular lip line can be accomplished with a lip color procedure or restoration of color that has faded.

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.
- Absolutely no injections of Cosmetic Fillers should be administered to you within 3 weeks before treatment. Please advise me of any current injections.
- Absolutely no injections of Novocain should be administered to you within 10 days before treatment. Please advise me of any current injections.
- All makeup should be removed and the skin thoroughly cleansed. I prefer you do this before your arrival.
- 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 implantation is minimal, clients respond differently. Some will feel a stronger sensation than others. Overall, procedures require minimal pain preparation. However, some clients use some sort of preparation for the treatment as a mental comfort. Many have taken over-the-counter **Tylenol**, 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 at the office. Please advise me of any medications taken. If desired, a dental block can be administered before the procedure. For Full Lip procedures, a dental block may be recommended.
- For clients with any history of cold sores/fever-blister/herpes, even if it was when you were a child, contact your physician and request a prescription for Zovirax, Valtrex or Famvir. Take 2 days before the procedure, the day of the procedure and 2 days after the procedure as directed and repeat on all visits.

Post-Procedure – “After Care”:

The “after care” procedures are as important to the retention of the pigment as the actual implantation process. During this period, 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 inconvenient follow-up visits.

Judgment of your results should be deferred until three weeks to one month following the final

procedure. Immediately following the procedure, your look may be harsh and painted on looking, but it will soften up and look more natural as you heal. Again, 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. 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, I recommend that ice packs 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. Old wives’ tale: Cooled used tea bags are also good for preventing swelling.
- **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. Toothpaste and mouthwash are considered “soap” and will remove lip color, so proceed with caution when using.
- All cleansing should be done with a clean Q-tip dipped in cool water and gently dabbed on the treated area. Do not rub the area in any way.
- Apply the aftercare ointment I give you with a Q-Tip in the procedure area several times per day (Do not use mineral oil or petroleum based products such as Vaseline.) This is to be done in a gentle dabbing motion as not to disrupt the pigmentation bonding process. This will keep the area moist and accelerate the healing. Do not let the area dry out, keep moist at all times. Check your lips every thirty (30) minutes, re-apply ointment as necessary. Do not press or rub when applying ointment. Apply an extra heavy coat of ointment to the treated area before bedtime, bath, washing of adjacent areas, and immediately upon rising in the morning. If any form of redness, tenderness, drainage, fever or rash occurs, please contact Bell Aesthetics or your health care provider immediately!
- Baths and showers are permitted but do not wash, scrub or touch the treatment area. Hot, steamy baths and showers should be avoided completely. After two weeks, you may resume all regular activities.
- When brushing teeth for the first three (3) days, coat lips with a lot of ointment before brushing and use a minimal amount of toothpaste.
- For the first two (2) days, use a straw when drinking liquids; avoid sandwiches, biting into fruit or foods that might cause friction to the lips. Smoking is discouraged for optimal results.
- Do not use any lipstick or cosmetics on or near the treated area for seven (7) days after the procedure. After the first treatment lips will look 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. If or

whenever you do begin using cosmetics again, invest in a new lipstick to support your new look. This will eliminate the possibility of bacteria breeding in an old container.

- For at least two (2) weeks, you need to minimize exposure to the sun. I discourage swimming in fresh, salt or chlorinated pool water.
- 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 for thirty (30) days. It will cause the area to peel and lighten.
- Since your procedure is facial, I recommend you sleep on a clean satin pillowcase for seven (7) nights. This will minimize the loss of pigmentation caused by rubbing against a cotton pillowcase as you sleep.
- 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 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 six days).
- Always use good health habits.
- If you have any questions after you get home, feel free to call. 256-717-4485
- Variations to these recommendations are not encouraged and will most likely affect the final outcome of your procedure, if not totally remove the implantations.

Note

- Swelling, oozing, and some redness are normal the next day after the procedure for some clients. The use of Benadryl over the counter and keeping your face vertical is helpful.
- Shedding your color and outer epidermal skin is normal during the first 3-4 days following treatment.
- 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 :

- **Do not** use any Retin-A or Glycolic Acids while healing
- **Do not** use peroxide or Neosporin on any areas
- **Do not** scrub or pick treated areas
- **Do not** expose area to sun or tanning beds
- **Do not** dye or tweeze eyebrows one week before or after procedure
- **Do not** do vigorous exercise or sweat for 24 hours
- **AVOID** facials, swimming, and whirlpools for at least 5 days.

EYEBROWS DAYS and EFFECTS

- **Day 1:** Swelling, tender, heavy thick lipstick look with an orange/Brick color effect.
- **Day 2:** Slight swelling, intense color.

- **Day 3:** Less swelling, thicker texture, sore, hot feeling before exfoliation with an orange color effect.
- **Day 4:** Exfoliation begins, very chapped lips. Sloughing off/Peeling of dry skin w/pigment **DO NOT PICK!**
- **Day 5:** Very chapped, almost finished with first chapping stage. Appears like most of the color has sloughed off
- **Day 6:** A soft, color begins to appear
- **Day 7-13:** Lip color disappears and the “frosty” (2nd chapping stage) begins as a whitish/grey haze on the lips.
- **Day 14-20:** Color begins to “bloom” from within more and more each day as the new skin heals completely
- **Day 21:** Healing complete; the color you see is the color you have. Your lips will remain a bit dry for a month or two. Use a good balm and they will return to normal, but with full color.



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POST-PROCEDURAL CARE AGREEMENT LIPS

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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: _____