



PMU Application & Pre-Care Instructions

1. Date and Time *



2. Applicants Personal Information *

First Name

Last Name



Address Line 1

Address Line 2 (optional)

Email

Phone

Select Gender (optional)

▼

Birthday:

Month

▼

Day

▼


Year

▼

Referred by

Please upload:

3. Government Issued ID *



Drag and drop image here or

[Choose a file](#)

Microblading & Nano PMU

Microblading is a procedure where color pigment is deposited into the brow area using a manual blade to fill in or enhance the brow area.

Nano-Brow is a procedure where color pigment is deposited into the brow area using a machine to fill in or enhance the brow area.

Both procedures normally requires multiple treatment sessions. For the best results, clients will be required to return for at least one re-touch appointment. This will take place 6-8 weeks after the initial procedure. Those with oily skin may require an additional touch up.

Please be aware that color intensity will be significantly darker immediately after the fist session and a few days after the initial procedure, but the color will reduce by 30-40% the 7 days following the procedure.

Pre-Care Instructions

By checking the agree box, you agree and attest to follow and adhere to the pre-care instructions

4. Makeup may be worn day of service, However will be removed in the brow area prior to service *

☐

I Agree

5. I will not consume Alcohol 24 prior to procedure *

☐

I Agree

6. I will not consume blood thinners prior to service *

☐

I Agree

☐

I disagree per Doctors request

7. I will not wax or shape the brow area prior to service *

☐

I Agree

8. I will not have electrolysis 5 days prior to service *

☐

I Agree

9. Botox, AHA, and Retinols, should be avoided 2 weeks prior to service *

☐

I Agree

10. Exfoliating treatments and Microdermabrasion should not be performed with 2 weeks prior to procedure *

☐

I Agree

11. Chemical peels should be avoided 4 weeks prior to service *

☐

I Agree

12. If you are prone to cold sores/fever blisters, you should take an anti-viral prior to treatment *

☐

I Agree

13. I understand that Hormone therapies can affect pigmentation and/or cause sensitively *

☐

I Agree

14. I will Avoid tanning 7 days prior to the procedure *

☐

I Agree

Topical Anesthetic

Although numbing cream is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red and/or swollen after the procedure. This will subside as the anesthetic wears off.

Numbness and discomfort: We cannot accept responsibility if the area to be treated does not respond to the numbing cream/anesthetic. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.

Avoid Permanent Makeup if you have the following:

- * Liver disease- High risk of infections
- * Pregnancy and/or Nursing
- * Compromised skin near brow area
- * Currently undergoing Chemotherapy and/or radiation

I have read and agree that I will follow the Pre-Care Instructions *

☐

I agree to use [electronic records and signatures](#).

Clear

✕ Customer Signature

Jul 25 2024 - 6:23 PM

Please contact the Health Authority with any complaint, question or concern regarding safety, sanitation, or sterilization procedures:

Habersham County Health Department
Environmental Health Division
130 Jacob's Way STE 102
Clarkesville GA, 30523

Phone: 706-839-0276 Fax: 706-754-7127

Submit