



CONTRAINDICATIONS FOR PERMANENT COSMETIC PROCEDURES

PROCEDURES WILL NOT BE PERFORMED IF YOU ARE...

- Pregnant/Nursing
- Undergoing Chemotherapy/Radiation
- Experiencing Rosacea, Eczema, Psoriasis flare up near or on area
- Experiencing illness/feeling sick
- Experiencing an active cold sore
- Diagnosed mental disorder, untreated
- Diagnosed Glaucoma, Blepharitis, Graves Disease (for eyeliner)
- Using Accutane (1 year waiting period for procedure after discontinuing use)

NEEDS MEDICAL CLEARANCE and/or PRE-MEDICATION...must be written on Dr.'s Prescription, valid from 1 year upon receipt

- | | |
|--|---------------------------------|
| Heart Valve Replacement | Recent Stents/Metal Rods/Screws |
| Pacemaker | Recent Joint Replacement |
| Recent Organ Transplant | Lupus/Autoimmune |
| Prescription Blood Thinners | Prolonged Steroid Use |
| Bell's Palsy (diagnosed within 1 year) | |

With Pre-Medication -

- History of Fever Blisters/Shingles
- Insulin Dependent Diabetics
- History of Seizures

REQUIRED WAITING PERIOD / DISCONTINUATION OF PRODUCT USE BEFORE & AFTER PROCEDURE...

- Lash Extensions** - remove 2 days before, put back on 2 weeks after
- Lasik/Cataract Surgery** - cosmetic enhancement can be performed 1 month prior / 3 months after
- Botox/Dysport** - wait 2 weeks after cosmetic enhancement to get injectables, it will affect placement
- Lip Fat Transfer** - 1 month prior and 1 month after procedure
- Lash Growth Serums** - stop using 2 weeks prior and 2 weeks after
- Retinols/Chemical exfoliants** - discontinue 2 weeks prior, should not be used on cosmetic enhancement
- Professional Chemical Peels/Laser/IPL** - wait 8 weeks after last peel, AVOID cosmetically tattooed area with these treatments.
- Shingles Shot** - wait 3 months after shot for cosmetic enhancement
- Tattoo Removal** in same area - must wait 8 weeks after removal
- Suntanned Skin** - must wait until skin has returned to normal pigmentation

ACCEPTANCE: **PLEASE READ THOROUGHLY BEFORE SIGNING**

I confirm that I have reviewed the information, completely, to the best of my knowledge.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____