



Northern Michigan Cosmetics
808 S. Huron Avenue, Cheboygan, Michigan
(231) 818-1373
www.northernmichigan cosmetics.com

Important Information You Need to Know Prior to Having Permanent Makeup

- No Working Out the day of the procedure
- No Direct Sun
- No Tanning Beds
- No Retinols on forehead or around eyes for (30 days)
- No Sweating for (10 days)
- No Saltwater/Ocean (30 days)
- No Botox (2 Weeks prior and 2 Weeks after procedure)
- No Fillers (6 Weeks prior and 6 Weeks after procedure)
- No Eyelash Growth Serum (2 Weeks prior and 2 Weeks after procedure)
- No waxing one (1) week prior and 30 days after

All should be avoided during the healing process, so plan accordingly!

ADDITIONAL INFORMATION:

Laser Removal – If a client has undergone laser removal of the eyebrows, please note that there is now more scar tissue. This can cause the pigment to fade more and may require additional procedures. There is also a chance that the pigment won't take at all.

Retin-A or Retinols – You must be off Retin-A or Retinols for 7 days prior to your appointment and avoid using on or around the area for 30 days after. If used before 30 days, it can cause the pigments to fade prematurely. If you resume the Retin-A or Retinols after the 30 days, please know that the continued use will fade your permanent makeup prematurely.

Eye Surgery – If you have had any eye surgery, i.e.; (Lasik, Cornea, Upper or Lower Blepharoplasty, Lens repair, etc.) you will need to wait at least 6 months before you have Permanent Makeup on your eyes and a Dr's note will be requested before any work is performed. (**No Exceptions**). If you have tear duct plugs, I **will not** do the eyeliner procedure!

Eyelash Growth Serum – If using an eyelash growth serum (Latisse) OR similar brands alike, you must discontinue use 2 weeks prior to procedure and **cannot** use until 2 weeks after procedure.

Please note: It is your responsibility to inform us of any eye surgeries, Botox, fillers or any esthetics you have, you have had, or eye conditions you currently have. This will determine if you are a good candidate for eyeliner.



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GENERAL RULES FOR ALL PROCEDURES:

- No two sides of the face are the same. Perfection is our goal, but please note, that nothing is PERFECT. We do not use the “P” word when doing Permanent Makeup.
- Please REMEMBER your eyes and your eyebrows are SISTERS NOT TWINS!
- Please have all corresponding paperwork filled out prior to your scheduled appointment. If you are late for your appointment you will be rescheduled (NO EXCEPTIONS)! Please plan accordingly if you are traveling from out of town.
- It is up to the client to maintain their current and future appointments.
- Two or more appointments may be necessary to achieve and complete most permanent makeup procedures. It is recommended to have your touch up appointment within 8 weeks of your original procedure.
- If there are any blemishes, pimples, active cold sores, irritation of the skin of any kind, moles or other skin imperfections in or around the area of the procedure, **WE WILL NOT** be able to do the procedure until the blemish or area of concern is gone or the mole is removed and healed.
- FITZPATRICK SCALE-Skin Types 1 – 2 Red heads/Blondes with fair skin, light eyes. You will be red, swollen and sometimes the pigment will not retain good and you may require additional procedures. **Color will fade/soften up to 50% or more.**
- Some residual swelling is normal for **ALL** procedures. Some clients may have no swelling; some may have a lot...” this is individualized”. You can apply ice to the treated area if necessary. Dry skin, itching and tenderness are common after the procedure. These symptoms will dissipate each day and vary on an individual basis. The touch up will enhance any area that has faded too much; healing is specific to each client. It is important to realize that you will need a color boost every 1-3 years to maintain its fresh natural appearance. If you are out in the sun a lot, have oily skin, use anti-aging creams, use Retinol products, natural elements, regular chemical peels, or exercise frequently, you will probably need a color boost every 10 months to a year. The better you take care of the treated area, the longer it will last.
- The left side of the face is more sensitive. When performing an eyeliner procedure, the left eye fights being held in place more and may result in increased swelling, tearing, and sneezing. This is because there is an extra branch of reflexive nerve fibers (sympathetic and parasympathetic) off the first (olfactory) cranial nerve, which serves our sense of smell. These extra innervations of the left side affect the lacrimal gland or tear duct. It is the blink reflex which can cause sneezing.



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- **Absolutely No:** Sun, sweating, or tanning prior to the procedure, or after the procedure for 10 days. Do not have a tan/sunburn on your face prior to your procedure. The tan will exfoliate taking color with it as it fades. If you show up to your appointment with sunburn, you will be required to reschedule, and your deposit will be forfeited.
- Do not work out the day of the procedure as the body heat expands the pores. It is recommended not to sweat (heavily) for the first 10 days after the procedure. Sweat is salt and can prematurely fade the treated area.
- Avoid direct shower water on the treated area after the procedure. Apply Calendula Salve prior to showering to prevent soaps and shampoos from getting on the treated area. Absolutely **NOTHING** on the treated area! No water, no makeup, lotions, pencil...etc. for 10 days. After the 10 days, use a gentle cleanser to clean them. Avoid scrubbing the treated area for 1 month.
- **DO NOT** take Aspirin, Niacin, Vitamin E, and/or Ibuprofen unless medically necessary, 48-72 hours prior to your procedure. Tylenol is fine.
- If you are **NERVOUS, ANXIOUS, OR WORRIED** prior to having a service done, take a Benadryl it will calm you down and you will have less swelling.
- Avoid sleeping on your face during the first 10 days after the procedure.
- You have to be off Accutane for 1 year. **NO Exceptions!**
- If you have oily skin, your results **WILL** appear softer (eyebrows can look solid) in appearance and may require additional procedures.
- Dark skin types (Indian, African American, Filipino, etc.) please note that your permanent makeup will not appear as bold as lighter skin types.
- Avoid alcohol or caffeine prior to the procedure, this will minimize any oozing or swelling after the procedure.
- Getting a procedure while on your menstrual cycle can make you hyper-sensitive at the procedure site.
- No swimming until the area is completely healed. **Salt water/chlorine** can cause the pigments to fade or change in color. It is recommended to apply the Calendula Salve to the treated area/s 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. Apply Calendula Salve with a Q-tip. **This is a must, "we do not want an infection"!**
- **DO NOT RUB, SCRATCH OR PICK AT THE TREATED AREA.** Let any scabbing or dry skin naturally exfoliate off. Picking can cause scarring.
- Plan on scheduling your touch-up within the first 8 weeks!



YOUR MEDICAL HISTORY

Cosmetic Invasive procedures require a thorough medical history. Place a check (x) next to any boxes that apply to

Name: _____

Age: _____

Address: _____

Telephone: (h) _____

(Work) _____

(Cellular) _____

Emergency Contact name and telephone number. Please write below:

Doctor's name and Telephone:

Marital Status: Check one

Single Married

If married, does your spouse know you are having permanent cosmetics?

Do you heal normally?

Yes No

Previous Tattoos?

Yes No

Have you ever had permanent cosmetics?

Yes No

Where: _____

How long ago: _____

Scars:

Are you under a doctor's care?

Yes (Explain below)

No

Have you taken any medication today?

Have you had LASIK eye surgery?

Have you been hospitalized recently?

Do you bruise easily?

Eyes

Dry Eyes

Contact Lenses

Glasses

Corneal Abrasion

Eye drops or Ocular medications

Blepharoplasty (eyelid surgery)

Eye Surgery

Glaucoma

Cataracts

Visual Disturbances

Allergy to Eye Makeup

Light Sensitivity

Eye Infections

Blepharitis (eyelids)

Ocular Herpes

Tear Duct Plugs

Skin

Skin Cancer

Moles Rosacea

Psoriasis

Acne Vitiligo

Retin A or Accutane

Chemical Peels

Allergies to Makeup

Plastic Surgery

Prior Body Tattoo(s)

Prior Cosmetic Tattoos

Sensitive Skin

Collagen Injections

Laser Treatments

Cosmetic Surgery

Hyperpigmentation



Lips

Fever blisters? If yes, how often? _____

Does it take more than one shot to get you numb at the dentist office?

Do you take any antibiotics when you go to the dentist?

Dry, flaky or white areas?

Do you smoke cigarettes?

Other: Please Describe

Allergies

None that I know of.

Local Anesthetics

Please list:

- Penicillin/Sulfa
- Nickel
- Hair Coloring
- Codeine or Demerol
- Bee Sting or Insect Bite
- Makeup: Mascara, etc.
- Sunscreens with PABA
- Other: (Please write below) _____

Medication

- None
- Vitamins/herbs
- Chemotherapy or Radiation treatment
- Aspirin
- Benadryl or Allegra
- Ibuprofen (Advil, Aleve)
- Accutane or Retin A
- Hormones
- High Blood Pressure
- Heart Pills
- Water Pills
- Pain Pills
- Tranquilizers

- Anti-Depressants
- Blood Thinners
- Insulin (Diabetes)
- Fever Blister medication

General Health

Circle One:

Good OK Poor

- Alopecia (hair loss)
- Asthma
- Anemia
- Arthritis
- Cancer
- Lupus
- Hepatitis or HIV
- Seizures or Dizziness
- Depression
- Headaches
- Mitral Valve Prolapse
- Neck/ Back pain
- High Blood Pressure
- Sugar Diabetes
- Heart problems/ pain
- Eye Problems
- Liver or Kidney Problems

Client Signature: _____

Date: _____

Technician Signature: _____

Date: _____



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CONSENT TO APPLICATION OF PERMANENT MAKEUP PROCEDURES

Procedures (Circle): Eyebrows Eyeliner Lips Areola

Name: _____ Date: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____

Email: _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

I have been informed of the nature, risks and possible complications and consequences of the permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect (especially if you scratch your eyes or apply contacts to soon after the eyeliner procedure). 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 an exact science, but an art. I request the permanent skin pigmentation procedure(s) and accept the permanence of the procedure as well as the possible complication and consequences of the said procedure(s). (Initial) ____



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There is a possibility of an allergic reaction to pigments. A patch test is advisable. however does not ensure a client will not have an allergic reaction. I **consent** ____ (initial) or **waive** ____ (initial) the patch test. If waived, I release the technician from liability if I develop an allergic reaction to the pigment.

I understand that if I have any skin treatments (Botox, fillers, laser hair removal, plastic surgery or other skin altering procedures), it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. (Initial) ____

I have received before and after procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. (Initial) ____

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept the responsibility for the decision to have this cosmetic tattoo work done.

If you show any signs of infection, please see your primary care physician.

No. OF VISITS REQUIRED _____

COST OF PRECEDURE(S) _____

Indicate by checking the box that the client has:

- Received a copy of the Before/After Care Information Sheet.
- Completed the Medical History, and received any additional, applicable information.

CLIENT: _____

Date: _____

TECHNICIAN: _____

Date: _____



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LIP MEDICATION

If you have ever had a cold sore or fever blister, you harbor the herpes simplex virus within your body. Every person is different in their activity of this virus. Some may have frequent outbreaks, and some may have only had one or two outbreaks a long time ago, the virus is still harbored within your body. The Lipliner /Full Lip Color procedure may cause an outbreak in some individuals who have this virus. Therefore, you are advised to acquire the below mentioned medication, prior to your procedure, to alleviate the possibility of an outbreak. This is an optional medication and our firm does not hold any liability regarding its use or nonuse for prevention of cold sores/fever blisters.

Please request one of these anti-viral medications from your Physician:

Zovirax (Acyclovir)

Famvir

Valtrex

You will need to take the prescribed dosage of one medication for five (5) consecutive days. Begin by taking the pills two days before your lip procedure, the same day as your procedure and two days following your lip procedure.

Remember: Each of these medications has a different dosage, so please check with your physician regarding adequate dosage and administration.

Please request enough medication to cover you for your touch up lip procedures.

ACKNOWLEDGEMENT

I, _____, have been advised to take this medication for prophylaxis purposes due to my susceptibility to the herpes virus. By taking this medication for a Lipliner/Full Lip Color procedure, I am aware that it does not guarantee that I will not have a herpes outbreak, and do not hold this firm responsible if this should occur.

Signature

Date



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BEFORE & AFTER CARE FOR LIPS

IF YOU HAD PREVIOUS PROBLEMS WITH COLD SORES, FEVER BLISTERS, OR MOUTH ULCERS, THE PROCEDURE IS LIKELY TO RE-ACTIVATE THE PROBLEM. WE CAN MAKE A RECOMMENDATION TO HELP PREVENT OR MINIMIZE THE OUTBREAK.

- Come with your lip liner/full lip color on if you like to show me how you want it, otherwise come with no lip color makeup on.
- No lip liner or lipstick for 5 days after the procedure. You can use gloss or lip moisturizer.
- DO NOT USE oily makeup remover, baby oil, mineral oil or heavy cream, especially glycolic acid around the treated area.
- Only use Coconut Oil provided to you after the procedure for 10 days, or as needed, you cannot over use it. **Do not use Vaseline!**
- Lip Liner/Full Lip Color can and will have some residual pigment that may peel or flake off after a couple days (in most cases), that is ok. Lip Liner/Full Lip Color tends to fade more so than eyeliner and brows due to the moisture in the mouth area. After the touch up, the color stays better and last longer. Lip Liner/Full Lip Color will take 2-3 processes!

REMEMBER LIPS ARE A PROCESS NOT JUST A PROCEDURE!