

GENESIS SALON, DAY SPA & LASER CENTRE PERMANENT COSMETICS PROCEDURE CONSENT

Name _____ Birthdate _____
(Last) (First)
Address _____ City _____ State _____ Zip _____
Phone (home) _____ (Work) _____ (Cell) _____
Whom may we thank for referring you? _____

MEDICAL HISTORY: Please circle and explain if you have ever had or currently have:

Allergies of any kind; Diabetes; Cancer; Heart Condition; Heart arrhythmias (irregular heart rates); Mitral Valve Prolapse; Pacemaker; Herpes Simples; Cold Sores; Fever Blisters; Plastic Surgery within the past 6 months; Contact Lens; Exposure to Hepatitis, HIV, or tuberculosis; Glaucoma; Cataracts; Eye Disease; Are currently pregnant: required to take medication prior to dental work.

Current Medications _____
Over the counter medications? Aspirin, Ibuprofen, Aleve or anti-inflammatory medications, Vitamin E, St. Johns Wort, Herbal supplements that start with the letter "G" _____
Are you currently under care of Dr. _____ Physician Name _____

I hereby authorize Genesis Salon and Day Spa to perform the following procedure(s): Circle all that apply,
Brows Eyeliner: Upper Lid Lower Lid Both Lipliner/Full lip Color Lipliner Only

PROCEDURE CONSENT

I fully understand that the nature of the procedure being used is micro-insertions of pigment into the dermal layer of the skin. The methods of application and the possibility of complications and risks have been fully explained to me. These risks include but are not limited to:

- Pigments can and will fade. It is my responsibility to schedule touchups due to personal preference, and I understand that there will be a fee for these services, determined at that time.
- Infections can occur. I understand it is my responsibility to contact my physician if an infection should occur.
- There are few effective methods for pigment removal.
- Allergic reactions to topical anesthetics can occur.
- There may be allergic reactions to pigments. Therefore, Genesis Salon and Day Spa recommends a patch test prior to the procedure, hereby releasing the above mentioned from any liability related to any allergic or other reaction to applied pigment. A patch test does not guarantee a client will not have an allergic reaction to the pigment after the full procedure is completed or in the future.

I acknowledge that the final outcome of this procedure will not be obtained during the first visit, and that it may take several applications to achieve the desired results. These applications are scheduled one month apart. You are required to come back for one touch-up visit per procedure. I understand that no warranty or guarantee has been made to me as to the final results.

Colors will appear brighter and more sharply defined immediately after the procedure. As the healing progresses, color will soften.

Please read and initial the below statements: (*must be initialed)

- * _____ I consent to the taking of "before" and "after" photographs for charting purposes.
- _____ I consent to the taking of photographs for advertising purposes.
- _____ I consent to the use of showing my photographs to new clients.
- * _____ I am aware that I will not be able to donate blood for 1 year due to the guidelines of the American Red Cross.
- * _____ I have received copies of the procedure consent and the post procedure instructions.

I certify that I have read, had explained to me and fully understand the above consent and procedure permit, and that I accept full responsibility for any complications which may arise or result during or following the cosmetic procedure which is to be performed at my request. All blanks were completed prior to my signature below.

Signature of Client _____ Date _____

Signature of Specialist _____

PRE-PROCEDURE INFORMATION:

- Any tweezing or waxing should be done at least 48 hours prior to the eyebrow procedure; electrolysis should be done at least 5 days prior to the procedure.
- Any eyelash perming or tinting should be done at least 48 hours prior to the eyeliner procedure and not resumed until 2 weeks after.
- Do not wear contact lenses during or immediately following the eyeliner procedure. Remember to bring your glasses. You may resume wearing your contact lenses as soon as your eyes return to their pre-procedure condition.
- Please refrain from the use of aspirin, aspirin-containing medications, or alcohol prior to your procedure. Refrain from judgment altering drugs for at least 24 hours prior to any procedure. **No medication should be discontinued without first consulting your physician.**
- Delicate or sensitive areas may redden or swell slightly, or redden, therefore it is advised not to make social plans for the same day.
- Please wear your normal make-up to the procedure. Please bring your favorite pencils or lipsticks so an accurate color match may be obtained. You will wash your makeup off prior to the procedure.
- Try not to schedule your procedure 4 days before or the first 3 days of your menstrual cycle. You will be more sensitive!

POST-PROCEDURE INFORMATION:

- Apply ice to the treated area for 10 minute increments during the first few hours after your procedure.
- You may experience the following for a few days after the procedure:
 - Edema:** There may be a moderate or large amount of swelling for eyeliner and lips for the first 24 - 48 hours.
 - Bruising:** Light bruising may occur although it is rare, concealer or foundation may be used to cover these areas..
 - Lashes or Brows:** "Sticking together" in the morning, or small amounts of pigment "coming off" with ointments.
- Apply a lubrication product. We will provide an antibiotic ointment and Vaseline or Vitamin A&D ointment for your recovery. Apply the Bacitracin ointment for a total of 3 doses, approximately 12 hours apart. Do not use more than the 3 times due to a higher incidence of an allergic reaction. Apply all ointments VERY SPARINGLY! If you can see it on your skin, you're using too much.
- It is normal for the brows and lips to ooze a small amount of clear or red tinged drainage for 24 hours after the procedure. It is important to dab these areas with a damp gauze frequently to prevent a dry, built-up crusty scab. Reapply the ointment as necessary for comfort. Keep the areas looking "creamy smooth".
- Do not use an eyelash curler or mascara for 7 days following the eyeliner procedure. When you resume use, purchase a new tube, the old tube may have bacteria in it.

AVOID:

- The use of soaps, facial cleansers or makeup removal products for 5 days.
- Applying makeup to the pigmented area for 7 days.
- Rubbing the pigmented area vigorously when washing your face for the first month after a procedure.
- Scratching or picking away any crust on pigmented area until fully healed – early removal of any crust may result in areas with insufficient pigment.
- Sunbathing or tanning booths that result in direct exposure to the pigmented area.
- Swimming in chlorinated pools, hot tubs, or any salt or freshwater lakes until healed.
- Exposure to the full pressure of the water in a shower for 1 week.
- Using Retin A, Differin, alpha and beta hydroxy acids or other chemical peels over the pigmented area in the future. Avoid micro-dermabrasion over pigmented areas. Early fading of color may occur.
- Lips tend to be very dry after the procedure for the first few days and a "chap lip feeling" occurs. Please keep them moist with the A&D ointment, or Petroleum Jelly until fully healed. Use an SPF Lip protector. At day 2-3 of the healing phase, a "peeling" occurs. Do not peel off the pigment, let it naturally come off. A lip gloss may be used to camouflage the peeling. The lipliner will take longer to "peel". The lip color will appear lighter after peeling and almost "disappears"
- The lip liner will take longer to "peel" than the full lip color. The color will appear lighter and almost "disappears" during this phase. During the next few weeks the color will intensify and complete retention realized at 1 month.
- The use of a good sunscreen product (those containing a physical sunblock agent of zinc oxide or titanium dioxide) is highly recommended for all procedures due to fading factors of the sun, especially for lips due to potential photosensitivity of red pigment, and brows for loss of yellow pigment resulting in blue or pink brows.
- If pigmented area becomes infected or painful, or if you develop a fever soon after the pigmentation procedure, please seek medical attention immediately and notify us at your earliest convenience.

Signature _____

Date _____