

Madison

PERMANENT COSMETICS

Name:
Address:
City/State/Zip:
Phone:
Email:
Referred by:

Check if you answer YES to any of these questions:

- | | |
|---|--|
| <input type="checkbox"/> Are you pregnant or nursing?* | <input type="checkbox"/> Have you had problems being numbed at the dentist? |
| <input type="checkbox"/> Do you have to take antibiotics before going to the dentist? | <input type="checkbox"/> Are you Make-up sensitive? |
| <input type="checkbox"/> Are you allergic to metals?* | <input type="checkbox"/> Do you wear contact lenses? |
| <input type="checkbox"/> Do you have any kind of heart trouble? | <input type="checkbox"/> Do you get fever blisters or cold sores? |
| <input type="checkbox"/> Are you taking Coumadin, or other Blood thinners?* | <input type="checkbox"/> Do you take Zovirax, Valtrex or Famvir? |
| <input type="checkbox"/> Do you have Diabetes? Medication ___ or Insulin* ___ | <input type="checkbox"/> Are you allergic or sensitive to Vaseline? |
| <input type="checkbox"/> Have you recently taken Accutane*, Retin-A or Renova? | <input type="checkbox"/> Do you keloid? |
| <input type="checkbox"/> Do you currently have or have had any chemical facial peels? | <input type="checkbox"/> Are you allergic to Epinephrine? |
| <input type="checkbox"/> Are you planning any facial peels/laser* services? | <input type="checkbox"/> Are you allergic to Lidocaine, or any "caine" anesthesia? |
| <input type="checkbox"/> Do you have any allergies to latex? | <input type="checkbox"/> Have you had any alcoholic beverages recently? |
| <input type="checkbox"/> Are you a smoker? lite ___ med ___ heavy ___ | |
| <input type="checkbox"/> Have you ever had AlloDerm, Silicone, Dermaglin, Gortex, Lip implants or other substances placed into your lips? | |

If currently taking medications, please list them: _____

Are you allergic to any foods or medications? Please list: _____

Are you presently under a physician's care? Reason? _____

I understand that a \$25.00 patch test is available to determine if I have any allergic sensitivity to the pigment used. I have received _____ waived _____ a patch test prior to my procedure which releases Madison Permanent Cosmetics, Stacy Snook, and/or associates of Madison Permanent Cosmetics from any liability related to any allergic or other reaction to applied pigments. (Pigment contents are: Iron oxides and could contain alcohol, glycerin and distilled/sterile water).

Initial here: _____

I acknowledge that NO GUARANTEES have been made to me concerning the results and outcome of this/these procedures.

Initial here: _____

Continued on next page

I understand that thicker/darker lines may require additional appointments at an extra charge. I agree to hold technician harmless if end result is to thick/dark, and agree to pay the fees if I need to have technician attempt to lighten pigment (which could cause scarring).

Initial here: _____

I have been informed that a gradual process of applying pigment for thicker/darker lines is recommended.

Initial here: _____

For the purpose of documentation, I consent to the taking of before and after photograph and/or videos of said procedure/s and become the sole property and may or may not be used for advertising by the technician, salon or clinic.

Initial here: _____

I am aware that my technician employs a no refund policy.

Initial here: _____

I understand subsequent visits may be necessary in order to achieve desired results. Subsequent visits and touch-ups are subject additional charges.

Initial here: _____

I understand that there could be swelling, bruising and/or bleeding at procedure areas.

Initial here: _____

I have received and will closely follow the aftercare instructions for my procedure.

Initial here: _____

I have read the above and fully understand this consent form: That the explanations therein referred to, were made, and I accept full responsibility for these or any other complications which may arise from the results, during, or following the cosmetic procedures which is to be performed at my request according to this consent form.

Signature: _____

Date: _____

Aftercare Instructions - Eyeliner

- Swelling will subside in 24 to 48 hours. Apply cotton rounds dipped in ice water to sooth and reduce swelling.
- Keep makeup and skincare products away from pigmented area.
- Do not rub, pick or scratch at the procedure area.
- Avoid the sun and tanning beds; they will fade pigment.
- Keep a layer of aftercare ointment on the procedure area for 3-5 days following your procedure. Use the micro brush applicator provided. Wipe clean with a tissue when done.

- When showering/bathing apply a light area coating of aftercare ointment or petroleum jelly to pigmented areas. Take care to keep healing ointment out of eyes.
- Allow scabbing to gently come off. DO NOT PICK IT OFF! Rubbing and picking at your pigment area during the healing process may remove pigment.
- If the whites of your eyes turn apple red, discontinue use of healing ointment immediately.
- Treat the area as an open wound. Avoid touching or putting anything near the pigment area that can irritate the site.
- Wearing a hat, visor, or large sunglasses may be helpful while your permanent cosmetic site is healing.
- Keeping the area clean and coated with aftercare ointment is important; however, if you have unusual pain, redness or suspect an infection, please see your doctor.

IMPORTANT! Pigment color will appear very dark right after the procedure. This is normal and will soften and fade within 3-5 days. What you are seeing is a scab, the actual color is hidden underneath. Do not pick at it because you are worried your eyeliner is too dark.

If you have any questions during your recovery, please contact us at 608.819.5801

I have read and understand the aftercare instructions.

Sign: _____ Date: _____

Aftercare Instructions – Eyebrows

- Keep makeup away from pigmented areas.
- Do not rub, pick or scratch at the procedure area.
- Avoid the sun and tanning beds; they will fade pigment.
- Keep a layer of aftercare ointment on the eyebrow area for 3-5 days post procedure. Use a moistened Q-tip to apply a light coating to the procedure area.
- When showering/bathing apply a heavy area coating of aftercare ointment or petroleum jelly to pigmented areas. When done, wipe off the excess, leaving a light coating.
- Allow scabbing to gently come off. DO NOT PICK IT OFF! Rubbing and picking at your pigment area during the healing process may remove pigment.
- Treat the area as an open wound. Avoid touching or putting anything near the pigment area that can irritate the site.

- Wearing a hat, visor, or large sunglasses may be helpful while your permanent cosmetic site is healing.
- Keeping the area clean and coated with aftercare ointment is important; however, if you have unusual pain, redness or suspect an infection, please see your doctor.

IMPORTANT! Pigment color will appear very dark right after the procedure. This is normal and will soften and fade within 3-5 days. What you are seeing is a scab, the actual color is hidden underneath. Do not pick at it because you are worried your eyebrows are too dark.

If you have any questions during your recovery, please contact us at 608.819.5801

I have read and understand the aftercare instructions.

Sign: _____ Date: _____