
Pre-Treatment Advice and Procedures

- 1) Since delicate skin or sensitive areas may swell slightly, or redden, it is advised not to make social plans for the same day. Lip tattoo may appear "crusty" for up to one week.
- 2) If you are having lips or brows done, please bring your favorite pencils.
- 3) If unwanted hair is normally removed in the area to be treated, i.e.; tweezing or waxing, the hair removal should be done at least 24 hours prior to your procedure. Electrolysis should not be done within five days of the procedure. Do not resume any method of hair removal for a week after the procedure.
- 4) If eyelashes or eyebrows are normally dyed, do not have that procedure done within 48 hours of this procedure. Wait one month after the eyebrow or eyeliner procedure before again dying lashes or brows. Eyelash Extensions should be removed before the procedure, and not replaced for 7 days after the procedure.
- 5) If you wear contact lenses and are having the eyeliner procedure done, do not wear your lenses to your appointment and do not replace them until the day after the procedure.
- 6) If you are having the eyeliner procedure done, and as a safety precaution in case of watering or swelling, we recommend that you have someone available or who can accompany you, who can drive you home if you so decide, or if necessary.
- 7) If you are having lip liner done and have had previous problems with cold sores, fever blisters, or mouth ulcers, the procedure is likely to re-activate the problem. Your Intradermal Cosmetic Technician can make recommendations to help prevent or minimize the outbreak.
- 8) Aquaphor will for most procedures need to be applied for 5 to 7 days after the procedure. You should purchase this ahead of time.
- 9) Consuming aspirin or consuming alcohol, coffee or energy drinks before the procedure may cause excessive bleeding. It is important to notify your artist if you have consumed any of the above immediately before procedure.

We look forward to working with you. If you have any questions, please call or make notes so we can discuss them with you when you arrive for your appointment.

CLIENT COPY

FOR ALL PROCEDURES

(Eyebrows, Eyeliners, Lip Liner / Full Lips, Areola, and Scar Camouflage)

Immediately Following Cosmetic Tattoo Procedure:

You may apply ice with clean hands to treated area for 10 - 30 minutes. Ice helps reduce swelling and aids in healing.

For 14 days following application of permanent cosmetics:

- * Apply Aquaphor or healing ointment sparingly twice a day for seven days following the procedure, using a clean cotton swab; not your fingertips. Dab, do not rub.
- * Do NOT rub or pick at the epithelial crust; allow it to flake off on its own. There should be absolutely no scrubbing, no cleansing creams or chemicals, and absolutely NO Neosporin used. **Gently** cleanse the intradermal cosmetic area with a mild antibacterial soap. You may rinse with water and lightly pat the area dry. Do not expose treated area to full pressure of the water in the shower.
- * Do not soak treated area in bath, swimming pool or hot tub. Do not swim in fresh, salt or chlorinated pool water. All recreational water activities are strictly prohibited.

PLEASE INITIAL IF YOU UNDERSTAND AGREE TO ALL THE FOLLOWING RESTRICTIONS.
BY YOUR INITIAL, YOU AGREE TO THE FOLLOWING:

_____ Restrictions include any and all physical activities that could cause any kind of "sweating", such as heavy exercise at the gym, running, jogging, sports for a total ten (10) days.

_____ Contacted with animals as well as gardening is prohibited for 10 days.

_____ Please notify your Technician if you have a history of allergies or allergic reactions to Latex or antibiotics or possess any other bleeding disorders, or any cardiac valve disease.

- * Do not expose the treated area to the sun, or tanning bed.
- * Use a total sun block after the procedure area has healed to prevent future fading of pigment color.
- * Do not use mascara or eyelash curler for seven days post eyeliner procedure. When you resume use please purchase a new tube, the old tube may have bacteria in it.

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- * Use sterile bandages and dressings when necessary after areola reconstruction . (**Areola and Camouflage procedure cannot be guaranteed. This is an experimental procedure.**)
 - * Do Not use Neosporin
 - * **Touch-ups, if needed, will NOT be done before 6 weeks from the date of your procedure, and must be done within 12 weeks of the procedure at a cost of \$100. After 12 weeks has passed the charge to you will be a prorated touch up fee.**
 - * **Changing your mind on thickness and or color will be a \$35-50 charge on the touch-up.**

I understand that at the first sign of an infection, adverse reaction or allergic reaction to the procedure, I must promptly go to the Emergency Room for evaluation.

Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection, and will not be considered a touch up, but a redo. That is why it is imperative that you follow the post-treatment instructions. Remember, colors appear brighter, darker, warmer and more sharply defined immediately following the procedure. As the healing progresses, color will soften. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete. Touch-up procedures **MUST** be made between 45-90 days following the procedure. Cost of normal touch ups are \$100. Additional fees will apply for touch-ups after 90 days following the procedure if needed. If necessary, an appointment for a touch-up can be made.

Disclosure and Consent for Tattoo and Dermal Procedures

I, _____, as a client have requested that you describe the procedure to be utilized so that I may make an informed decision whether or not to undergo the procedure.

You have described the recommended procedure to be used as Micro Pigment Implantation, the process of implanting micro insertions of pigment into the dermal layer of skin. Micro pigment Implantation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request as my intradermal cosmetic artist, Jessica Campbell and such association and technical assistance as she may deem necessary to perform on my body the following procedure (**circle one**):

UPPER EYELID LOWER EYELID LOWER MUCOSAL EYELID EYEBROW FULL LIP COLOR LIPLINER
AREOLAS SCAR CAMOUFLAGE STRETCH MARKS OTHER: _____

Please Initial:

_____ I hereby authorize Jessica Campbell to take photographs at her discretion of the work performed on me both before and after treatment, and I further authorize the use of said photographs to be used for the purpose of advertising on various social medias.

_____ I hereby authorize Jessica Campbell to take photographs of the work performed both before and after treatment to be maintained only in her file.

_____ I have informed Jessica Campbell that I am in good health and not under the care of any physician

_____ Aftercare forms contain symptoms and signs of an infection, such as the following example - Contact a physician if any signs or symptoms develop such as the following: fever, redness at the site, swelling, tenderness of the procedure site, elevated body temperature, red streaks going from the procedure site towards the heart, and/or any green/yellow discharge that is foul in odor.

_____ I am currently under the care of a physician and I am being treated for the following condition(s):

_____ Client consent forms with the statement that FDA has not yet approved tattoo inks, dyes, and pigments and that the health consequences of using these products are unknown.

Physician's Name: _____ Phone Number: _____

Address: _____ City/State: _____ Zip: _____

Please Initial:

_____ I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

_____ I have been told that there may be known and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

_____ I acknowledge the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment;

Jessie Jane Permanent Makeup

Disclosure and Consent for Tattoo and Dermal Procedures (continued)...

however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment. I agree to **(circle one)**:

RECEIVE **WAIVE** a spot test prior to application and I agree to release Jessica Warner assistants and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments.

_____ I have been told that allergic reactions to pigment are very rare, however, they can and do occur and when they occur they can be serious and especially difficult and very troublesome to treat. _____ I have been told that this procedure will involve pain and discomfort.

_____ I understand the markings are permanent and that there is a possibility of hyper pigmentation resulting from a procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

_____ I have been told that a follow up procedure may be required.

_____ I have been told that there is a chance that I may experience a corneal abrasion. When getting eyeliner.

_____ Other risks involved with the procedure may include, but not limited to: infections, allergic and other reaction(s) to applied pigments, allergic and other reaction(s) to products applied during and after the procedure, fanning or spreading of pigment (pigment migration), fading of color and other unknown risks.

_____ I accept full responsibility for any and all, present and future, medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me.

_____ I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

_____ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Jessica Campbell and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and Jessica Campbell or the breach thereof, shall be settled by arbitration in the state of _____ in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

_____ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Jessica Campbell a health care practitioner, Department of Health, Drugs and Medical Devices Division.

_____ I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

_____ I have received a copy of the Post Procedure Instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.

Signature

Date

Medical History Form

Today's Date: _____ / _____ / _____ age _____ Birth date: _____ / _____

Name: _____

Home Address: _____

No. & Street City State Zip

Email address _____

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Occupation: _____

Are you now or have you been under the care of a physician within the last two years? _____

If yes, please provide Physician's Name, address and phone number. _____

Person to contact in an emergency: _____

Name

Address & Phone No.

List all medications you are currently taking, including Retin A, Glycolic Acid and Acutane: _____

List any drug, makeup, skin or food allergies (i.e., soaps or cleansing creams): _____

Have you recently undergone a skin peel? _____

What products do you use for skin care? _____

Do you have or have you had any of the following conditions (answer Yes or No):

- | | |
|----------------------------------|---------------------------------------|
| _____ Abnormal Heart Condition | _____ Glaucoma |
| _____ Cold Sores | _____ "Dry Eye" |
| _____ Herpes Simplex | _____ Corneal Abrasions |
| _____ Hemophilia | _____ Eye Surgery or Injury |
| _____ High or Low Blood Pressure | _____ Blepharoplasty (eyelid surgery) |
| _____ Prolonged Bleeding | _____ Visual Disturbances |
| _____ Circulatory Problems | _____ Cancer |
| _____ Epilepsy | _____ Tumors/Growths/Cysts |
| _____ Diabetes | _____ Chemotherapy/Radiation |
| _____ Fainting Spells/Dizziness | _____ Are you pregnant? |
| _____ Cataracts | _____ Hepatitis |

_____ Do you wear contact lenses?

_____ Do you use tobacco products?

_____ Are you using any eye drops or other ocular medications?

_____ Have you ever experienced hyper-pigmentation from an injury?

_____ Are you currently taking aspirin or ibuprofen?

When was your last eye exam? ____/____/____

Examining Physician:

Signature

Date

Jessie Jane Permanent Makeup

Post Procedure Instructions

FOR ALL PROCEDURES

(Eyebrows, Eyeliners, Lip Liner/Full Lips, Areola, and Camouflage)

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- * Do not rub or pick at the epithelial crust; allow it to flake off on its own. There should be absolutely no scrubbing, no cleansing creams or chemicals. **Gently** cleanse the intradermal cosmetic area with a mild antibacterial soap. You may rinse with water and lightly pat the area dry. Do not expose treated area to full pressure of the water in the shower.
- * Do not soak treated area in bath, swimming pool or hot tub. Do not swim in fresh, salt or chlorinated pool water.
- * Do not expose the treated area to the sun.
- * Use a total sun block after the procedure area has healed to prevent future fading of pigment color.
- * Do not use mascara or eyelash curler for seven days post eyeliner procedure. When you resume use purchase a new tube, the old tube may have bacteria in it.
- * You cannot give blood for 1 year following your procedure (per American Red Cross).
- * Use sterile bandages and dressings when necessary. (***Areola and Camouflage procedure cannot be guaranteed. These are experimental procedures.***)
- * Do Not use Neosporin.
- * ***Touch-ups needed must be done within 12 weeks of the procedure, and will not be done before 6 weeks post procedure. Cost is \$100 if needed. After 12 weeks, color changes, or changing your mind on thickness will cost \$135.00 or more.***

I understand that at the first sign of an infection, adverse reaction or allergic reaction to the procedure, I must promptly go to the Emergency Room for evaluation..

Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection. Remember, colors appear brighter, bolder and more sharply defined immediately following the procedure. As the healing progresses, color will soften. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete. Do not judge the results before 45 days have completed. Touch-up procedures must be made between 45-90 days following the procedure. Cost is \$50 for normal touch up. Changes in thickness or color are \$100. Additional fees will apply for touch-ups after 90 days following the procedure. If necessary, an appointment for a touch-up can be made. PLEASE FEEL FREE TO CALL IF YOU HAVE ANY FURTHER QUESTIONS.

Enjoy your permanent cosmetics!

Signature

****TO BE COMPLETED BY TECHNICIAN****

Photocopy Driver's License Here
Or Record Necessary Information

Name: _____

License Number: _____

State: _____

Date of Birth: _____

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