

Eyebrow After Care Instructions
(To be followed for Original Procedure & ALL touch-ups)

*After your eyebrow procedure, you WILL be swollen. Some clients will swell minimally, and some will swell more. Everyone heals differently. This can cause the area(s) to appear uneven, red, itchy and irritated when healing. The area(s) WILL also appear much darker and thicker than the final result. You can expect eyebrows to fade anywhere from 10% - 50%. This typically happens within 3-30 days of the first procedure. There **WILL BE** some **SHEDDING/PEELING** of skin with color in it as the area heals. It may even look like hair strokes are coming off or there is no color left. OMBRE' brows will have larger scabs and areas of uneven healing. Do not pick. Some areas of the eyebrows **WILL** fade more than other areas and as the pigment oxidizes it will start to darken up a little over a 2-3-week period. (This varies person to person) _____ (initial)

HOW YOUR SKIN HEALS IS OUT OF THE CONTROL OF THE TECHNICIAN. _____ Initial

***YOUR APPT. WILL NOT BE MOVED UP OR MADE SOONER IF THIS HAPPENS.** _____ Initial

***ALL PERMANENT MAKEUP RESULTS VARY FROM PERSON TO PERSON.** _____ Initial

*Skin types, such as African American, Indian, Philippine, Italian, Combination/Oily/Severely Oily skin, Thyroid conditions and the like, please note that the hair strokes **WILL** blend more with your skin tone and may not appear as defined as on lighter skin types. Red heads, blondes & fair skin types, will experience more swelling, redness, crusting or scabbing and some areas will fade substantially. They can look more powdered or solid looking and there is a possibility of no retention. _____ Initial

*Smoking, scars & some medicines **WILL** affect your results and may cause the pigment to fade prematurely. _____ Initial

*Afterinked cream (\$5) will be applied right after the procedure. Continue this for the next 2 weeks, in the a.m. & p.m. Please blot the area throughout the 1st day and continue blot as needed with soft gauze or tissue. If you should experience any scabbing, crusting, or flaking, please let it exfoliate naturally. This will prevent any unnecessary infections or additional pigment loss. If the area is still dry and flaky after the 14 days, you can continue the Afterinked/Grapeseed Cream until subsided. It is OK to lightly wash the brows after the 2 weeks, avoid scrubbing them. _____ Initial

*It is standard procedure in our office to see our clients back 6-12 MONTHS **after** their original procedure for their 1st touch up. This is necessary to fine-tune the treated area as needed. After the 1st touch up, it is recommended to schedule a 2+ yr. touch up to maintain the color. **Touch ups will not be done any sooner than 2+yrs from last appt.** Some appts. will be extended out depending on the amount of times done. No exceptions. You are 100% responsible for maintaining your appointments.

Confirmation calls are not guaranteed. All aftercare rules apply to all subsequent appointments as well. _____ Initial

***IF YOU WORK OUT REGULARLY, YOUR RESULTS WILL HEAL MORE TO A POWDERED LOOK DUE TO THE SWEATING AND OILS THE BODY PRODUCES WHEN IT GETS HEATED/SWEATY. I ACCEPT THESE RISKS & POSSIBILITY OF THIS HAPPENING** _____ (Initial)

*** How your body heals your permanent makeup is out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention can still happen depending on your skin & lifestyle. This is NOT the fault of the technician.** _____ Initial

***THE YOUNGER YOU START, THE YOUNGER YOU WILL BE WHEN IT CAN NO LONGER BE DONE.**
_____ Initial

***PERMANENT MAKEUP (HAIR STROKES) WILL APPEAR MORE SOLID OR POWDERED AS YOUR SKIN AGES & AT SOME POINT FUTURE PROCEDURES WILL NOT BE AN OPTION.** _____ Initial

*Permanent Makeup is an art, NOT a science. Client's results **WILL** vary & using a pencil or powder **WILL** still be needed. We have no control over your body's healing process and each time the procedure is done; the pigment will have less retention and underlying scar tissue **WILL** form. Touch ups will not be done any sooner. Typically, you can only have this done, depending on skin, 1-6 times.

This is not a procedure that can be done forever. _____ Initial

***ABSOLUTELY NO GETTING THEM DIRECTLY WET: LIGHT WIPING IS OK. NO POOL or OCEAN.**

***NO SUN FOR 30 DAYS BEFORE & NO SUN FOR 30 DAYS AFTER, (HAT AND GLASSES ARE NOT SUFFICIENT).**

***NO SWEATING (OF ANY KIND), YOGA, SWIMMING, GYM/EXERTION FOR 2 WEEKS.**

***NO TANNING & RETINOLS/ANTI-AGING CREAMS FOR 30 DAYS BEFORE THE PROCEDURE AND FOR 30 DAYS AFTER.**

***IF YOU DO NOT FOLLOW THE 14 DAY AFTERCARE, YOU WILL/CAN RUIN THE RESULTS.**

***IT IS UP TO THE TECHNICIANS DISCRETION IF HE/SHE FEELS IT IS NO LONGER PRODUCTIVE TO DO ANY FUTURE SERVICES AND CAN RELEASE YOU AT ANY TIME.** _____ Initial

***ARE YOU PREGNANT, NURSING OR TRYING? YES OR NO (CIRCLE)**

TOUCH UP FEES ARE POSTED ON OUR WEBSITE & SUBJECT TO CHANGE

Today's Fee: \$ _____

Client Name Printed _____ **Date** _____

Client Signature _____ **Phone #:** _____

Email: _____



Client Information

Name _____ Date of Birth _____ Age _____

Address _____
Street City State Zip Code

Day/Cell Phone () - _____ - _____ Home Phone () - _____ - _____

Email (required) _____ Okay to leave message Y or N

Referral Source: _____

Procedure Fee \$ _____ Cash, Local Checks Only (ID required + copy of drivers license), Money Order, Credit Card (fee applies)

Informed Consent (Eyebrows)

The nature and method of the proposed Permanent Makeup (PMU) (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fading or loss of pigment can/ may occur depending on your skin and lifestyle. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Anna Jakubas. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. _____ **(initial)**
- I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed _____ **(initial)**
- I REQUEST a patch test (requires rescheduling) _____ **(initial)** I declined patch test _____ **(initial)**
- All subsequent procedures including the first touch up are an additional fee. _____ **(initial)**
- I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure. _____ **(initial)**
- Red Heads, blondes & fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not retain at all. Future appointments may not be performed. This is up to the discretion of the technician. _____ **(initial)**
- Results **WILL** appear softer as the treated area heals. The area/s treated **WILL NOT** look as DEFINED or as BOLD as the 1st procedure. The healing process can take 3-30 days. Everyone heals differently. _____ **(initial)**
- Most procedures require 2 appointments & color boosts every 2 yrs to keep the color fresh. _____ **(initial)**

- I acknowledge & understand that if I have **oily/severely oily** skin the pigment **WILL** heal/appear much softer and can look more solid due the over-production of oil glands. The pigment WILL fade quicker, look blurred or more solid. I accept these risks and would like to proceed. **(Addendum required)** _____ **(initial)**
- Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure. **(Addendum required)** _____ **(initial)**
- If you are in Menopause and suffer from hot flashes or your core temp runs hot, your pigment will/may fade, blur or not retain. **(Addendum Required)** _____ **(initial)**
- **Frequent exercising WILL cause the pigments to fade, blur or not retain at all.** **(Addendum required)** _____ **(initial)**
- **The younger you start to have PMU done, the younger you will be when it can no longer be performed due to scar tissue.** _____ **(initial)**
- I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino etc.) the pigment will appear softer and blend more with your own skins melanin (tones) and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. _____ **(initial)**
- Alopecia clients- Due to the change in skin texture, pigments may WILL heal powdered.(Addendum required) _____ **(initial)**
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later change or remove the result. **(Addendum Required)** _____ **(initial)**
- I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further Permanent Make-up procedures. _____ **(initial)**
- Thyroid Conditions & Medicines, WILL prevent the pigment from retaining, fade quickly, blur or change in color. I accept these potential risks & wish to proceed. **(Addendum required).** _____ **(initial)**
- **I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK.** _____ **(initial)**
- I accept full responsibility for determining the color, shape and position of the brows that will be applied. Once the shape is approved and the pigment is implanted in the skin, you will not be able to change it. _____ **(initial)**
- I understand the actual color of the pigment may vary slightly due to the tone and color of my skin. _____ **(initial)**
- **When you leave our office, the hair strokes are intact. How your body heals the treated area is 100% out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention can still happen depending on your skin type & lifestyle. This is NOT the fault of the technician.** _____ **(initial)**
- If you have had tattoo removal prior to seeing Anna, due to scar tissue the pigment may not retain. Further procedures may not be an option and I understand there are NO REFUNDS and accept full responsibility and wish to proceed. _____ **(initial)**
- **If you choose to go with a darker color for your brows at your initial appt. and later decide that you want to go lighter (lighten hair) it will not be possible to lighten the color. Removal may be your only option.** _____ **(initial)**
- I understand that if any other technician applies permanent makeup over an area that was originally done by Anna; she will no longer perform future treatments. NO EXCEPTIONS! _____ **(initial)**
- In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. _____ **(initial)**
- I understand that if I do not abide by the strict after care, I WILL ruin my results. The After Care is crucial for optimum pigment retention and results. _____ **(initial)**

- Permanent Makeup is an ART, NOT a science. Client's results will vary from person to person and using a pencil or powder may or will still be needed. We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue. _____(initial)
 - Touch ups will not be done any sooner than the required time recommended by the technician. _____(initial)
 - I acknowledge that the obtaining of Permanent Make-up procedure(s) is my choice alone, and I consent to the application of the procedure and accept the risks _____ (initial)
 - Absolutely NO Refunds after services have been performed. _____(initial)
 - I understand that at a certain point as the skin ages, PMU will no longer be performed. _____(initial)
- Are you pregnant, nursing or trying (IVF) to get pregnant? (Circle) **YES or NO, I DON'T KNOW**
 - For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). APPROVE _____ (initial) DECLINE _____(initial)
 - I have received a copy of the After Care Instructions. _____(initial)
- ANNA CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT FOLLOWED _____ (initial)**

I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature: _____

Date: _____

Anna Jakubas

Date: _____

WAVIER, RELEASE AND CONSENT for

Application of Permanent Cosmetics by Anna Jakubas

Please Read Thoroughly

In consideration of receiving Permanent Cosmetics ("PC") from Anna Jakubas ("the Artist") at Beautiful Blossom, (the "clinic"), I agree to the following: (Please initial each line to verify your acceptance)

Initial Here: _____	That I, _____ (CLEARLY PRINT YOUR NAME HERE) have been fully informed of the inherent risks, associated with permanent cosmetics. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring and allergic reactions to "PC" pigment, anesthetics, latex gloves, and/or topical treatment(s). Having been informed of the potential risks associated with "PC", I wish to proceed and I freely accept and expressly assume any and all the risks that may arise from the "PC".
Initial Here: _____	To waive and release to the fullest extent permitted by law each of the "Artist" and the "Clinic" from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the application of my "PC", whether caused by the negligence or fault of either the "Artist" or the "clinic" or otherwise.
Initial Here: _____	That both the "Artist" and the "Clinic" have given me the full opportunity to ask any and all questions about the application of my "PC" and all of my questions have been answered to my total satisfaction.
Initial Here: _____	The "Artist" and the "Clinic" have given me instructions on the care of my "PC" while it's healing, and I understand them and will follow them. I acknowledge that it is possible that the "PC" can become infected, particularly if I do not follow the instructions given to me. If any touch-up work to the "PC" is needed due to my own negligence, I agree that the work will be done at my own expense.
Initial Here: _____	I am not under the influence of alcohol or drugs, and I am voluntarily requesting "PC" by the "Artist" without duress or coercion.
Initial Here: _____	I have fully disclosed my medical profile to the "Artist". I do not have any other condition that may interfere with the application or healing of the "PC". I am not the recipient of an organ or bone marrow transplant or, if so, I have taken the prescribed preventive regimen of antibiotic that is required by my doctor in advance of any invasive procedure such as "PC". I do not have a mental impairment that may affect my judgement in getting "PC".
Initial Here: _____	I understand that the "PC" will be vibrant for the first few days and I am emotionally capable of handling any negative remarks or feedback from family and friends.

Initial Here: _____	I understand that over time, the colors and the clarity of my "PC" will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin. My "PC" will need to be retouched from time to time.
Initial Here: _____	"PC" will result in a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before the "PC".
Initial Here: _____	I release all rights to any photographs taken of me and the "PC" and give consent in advance to their reproduction in print or electronic form. (If you do not initial this provision, please advise and remind the "Artist" and the "clinic")
Initial Here: _____	I agree to reimburse each of the "Artist" and the "Clinic" for any attorneys' fees and costs incurred in any legal action I bring against either the "Artist" or the "Clinic" and in which either that "Artist" or "clinic" is the prevailing party.
Initial Here: _____	Although only the safest and sterilized ingredients are used, there is always a chance I may experience an allergic reaction, which is extremely rare.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am over the age of 18 (and have provided valid proof of age) and am competent to sign this legally binding document.

I HAVE READ THIS AGREEMENT; I UNDERSTAND IT; I AGREE TO BE BOUND BY IT.

Print Full Name: _____ **DOB:**

Address: _____ **City:** _____ **State:** _____

Zip: _____

Phone A.M: _____ **Phone P.M:** _____ **Phone Cell:**

May we leave a phone message regarding your appointment if needed? **YES** **NO**

Signature _____ Date: _____

Client Medical Profile

Name	Date	DOB	DL#
Address	City	State	Zip
Employer/ Occupation	Home Phone	Work Phone	Cell Phone
How were you referred	Email	May we leave a message at work if necessary?	May we leave a message at home if necessary?

1	YES	NO	Are you pregnant or nursing?	2	YES	NO	Are you under 18 years old?
3	YES	NO	Have you consumed alcohol in the last 24 hours?	4	YES	NO	Are you under treatment for depression?
5	YES	NO	Ever had cold sores or fever blisters?	6	YES	NO	Do you have Herpes?
7	YES	NO	Any latex, lanolin or glycerin allergies?	8	YES	NO	Are you sensitive to petroleum products or PABA?
9	YES	NO	Had a laser or chemical peel within 6 months?	10	YES	NO	Do you take aspirin daily?
11	YES	NO	Ever diagnosed as obsessive-compulsive? If yes, are you on medication for OCD? _y _n	12	YES	NO	If you have permanent cosmetics or tattoos did you have any problems with healing after they were applied?
13	YES	NO	Do you have permanent cosmetics? Year:	14	YES	NO	Are you undergoing radiation or chemo-therapy?
15	YES	NO	Do you use exfoliating products?	16	YES	NO	Have you ever used the acne treatment Accutane?
17	YES	NO	Do you wear contact lenses?	18	YES	NO	Are you wearing a pacemaker?
19	YES	NO	Are you sensitive to any metals?	20	YES	NO	Do you take prescription drugs?
21	YES	NO	Do you have hearing problems?	22	YES	NO	Are you anemic?
23	YES	NO	Is your skin oily?	24	YES	NO	History of skin sensitivity?
25	YES	NO	Do you use tobacco?	26	YES	NO	Do you pre-med before dentistry?
27	YES	NO	Do you have any heart conditions?	28	YES	NO	Do you have allergies to makeup?
29	YES	NO	Are you diabetic?	30	YES	NO	Do you have dry eyes?
31	YES	NO	Do you have any autoimmune diseases?	32	YES	NO	Do you intentionally tan?
33	YES	NO	Do you get migraine headaches?	34	YES	NO	Do you have any cancer history?
35	YES	NO	Are your lips augmented?	36	YES	NO	History of stroke or heart attack?
37	YES	NO	Do you menstruate? Next cycle date:	38	YES	NO	Do dentists have problems anesthetizing you?
39	YES	NO	Do you hyper-pigment?(develop dark spots on skin)	40	YES	NO	Do you hypo-pigment? (dvlp. White spots on skin)

