

Micropigmentation and Permanent Makeup Client Form

2031 Madison Road, Cincinnati Ohio 45208, 513-364-2497

www.ToolboxStudioSalon.com

Micro Pigmentation/Permanent Makeup: Medical History

Today's Date: ___/___/___

Service Requested _____

Must be over 18

Birth Date ___/___/___

Name: _____

Email: _____

Home Address: _____

Home/Cell Phone: _____

Occupation: _____

Person to contact in case emergency _____ Phone:(____)-____-_____

I am of clear mind and body and I am not under the influence of alcohol ____ (initial)

Are you pregnant or nursing yes or no

Please consult with your doctor prior to receiving any PMU service if you are being treated for any ongoing medical condition.

List any medications you are currently taking that could result in adverse skin conditions or bleeding issues _____

Circle your skin type/types- Dry - Mature - Oily - Sensitive- Combination- Acne-Thin Skin

*Please Note- Oily skin can push out pigment fast so adding shading may help prolong the color. Dry skin or mature may be better suited for a shading method to achieve your finished brow.

Are you allergic to any numbing agents, tape, Band-Aids, or other items related to the skin? Yes or No

If you are getting lip pigment today are you prone to cold sores? _____ If you have a current outbreak we will be unable to perform your lip services.

Are you prone to Keloid scars? _____

Please circle any allergies you have:

*Latex *Nickel *Antibiotic Ointment *Lidocaine *Novocain *Any Cosmetics *Epinephrine

**other _____

Have you ever had Alloderm, Silicone, Dermagin, Botox, Juvederm, Lip Implants or any other substance placed in the lips or any other areas in the face? _____

Do you intend to have any fillers or laser treatments done on your face?

Have you had permanent makeup done before? _____ If so, what procedures did you have done? _____

How long ago was this done? _____

Who was the technician/salon? _____

Did you have any issues/problems with this procedure? _____ Did you have any color fading or changing on the skin? _____ if yes please explain _____

***I understand that if I have had permanent makeup/PMU from another technician results may vary based on current pigment in the skin and no guarantees have been given (Initial) _____

I agree to allow Toolbox Studio Salon LLC and service providers of said salon to use my photos for promotional use and I agree that I will not be compensated for such usage

IG Name _____ Facebook _____

Informed Consent

Initial each line:

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

_____ I understand that topical anesthetics that are appropriate for the procedure will be used before and during the procedure. However a certain amount of pain or discomfort may be associated with the procedure as well as the possibility of other adverse side effects including minor, temporary bleeding, bruising, redness or other discoloration, loss of lashes (eyeliner application) and swelling.

_____ I have been told that a follow up procedure may be required. Follow up procedures should be scheduled and completed within 8 weeks of the initial appointment. Cancellation of appointments must be done within 48 hours of the appointment. A \$50.00 Fee will apply for all no show and no call appointments without a 48 hour notice. If a follow up procedure is required, I understand that it is my responsibility to schedule such a procedure. Scalp pigmentation may have touch ups as soon as 10 days.

_____ I have been told that there is a chance that I may experience a corneal abrasion (eyeliner procedures) which may result in red eyes, discomfort, and/or sensitivity to light.

_____ Other risks involved with the procedure may include, but are not limited to: Infections, allergic reactions to applied pigments, allergic and other reactions to products applied during and after the

procedure, fanning or spreading of the pigment (pigment migration), scarring, fading of color and other risks.

_____ I accept full responsibility for any and all, present and future, medical treatments and expenses I may incur in the event I need to seek treatment for any known or unknown reason associated with the procedure planned for me. I will hold harmless all staff and anyone associated with Toolbox Studio Salon, Toolboxmakeup LLC and Heather Cooper.

_____ I have been given the opportunity to ask questions about the procedure, risks, and hazards involved and I have sufficient information to give this informed consent.

_____ I understand that this is a cosmetic tattoo and with time pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and the use of chemicals such as Retin-A and AHA Acids. Touch up maintenance work will be expected in the future to keep it looking fresh.

_____ I understand there is no refund policy on permanent makeup. For some reason, if my pigment does not stay or needs more touch ups, I agree to contact Toolbox Studio Salon, Toolbox Studio Salon LLC/Heather Cooper for further discussions on additional applications. However, I am fully aware that refunds will not be received. I further understand that I may be charged for additional applications.

_____ I consent to the taking of before and after photographs/videos of said procedure and they may be used as advertisement, on social media and are sole property of Toolbox Studio Salon.

_____ I am over the age of 18 and desire Toolbox Studio Salon, Toolbox Studio Salon LLC to perform the elective cosmetic pigmentation procedure understanding that this procedure is for cosmetic purposes and not for health reasons.

If any unforeseen conditions arise in the course of this procedure calling for his/her judgment for additional procedures in addition to, or different from those now contemplated, I further request and authorize him/her to do whatever necessary in those circumstances for a better outcome. No guarantees have been made to me concerning the procedure(s) or any result or outcomes from the procedure.

_____ I have read and understand the contents of each item above and in previous sections. I acknowledge that this is a contract and I have received a copy of post procedure instructions. I have received no warranties or guarantees with respect to the benefits or outcomes that are a result of my procedure(s). I was of sound mind and capable of making independent decisions for myself and no one has coerced me into agreeing to have the procedure(s) performed. I also agree not to hold Toolbox Studio Salon, Toolbox Studio Salon LLC/Heather Cooper, and all parties associated with both aforementioned salons or anyone associated with the aforementioned liable for any reactions, outcomes or occurrences that may or may not result from having this procedure.

_____ I understand that if I have a prior tattoo or permanent makeup service from a past technician or salon/studio and I request to cover or change this tattoo, all results may vary and no guarantees are given as with any tattoo or permanent cosmetic service. We cannot guarantee the color or finished look.

_____ I understand that mature skin may be resistant to pigment and may not hold color for long periods of time due to thin skin, low collagen in the skin and low fatty tissues.

_____ I have been given after care instructions and understand how to care for my permanent makeup.

Signature: _____ **Date** _____

Arbitration

Any controversy or claim arising out of this Agreement or any alleged breach of this Agreement shall be resolved by means of binding arbitration before a single arbitrator in accordance with the then existing Consumer Rules of the American Arbitration Association. To the extent there is any discrepancy between this provision and the Consumer Rules of the American Arbitration Association, the terms of this Agreement shall be controlled. The arbitration shall be held in Cincinnati, Ohio or any other place agreed upon at the time by the parties. No demand for arbitration may be made after the date when the institution of legal or equitable proceedings based on such a claim or dispute would be barred by the applicable statute of limitation. The arbitrator is not authorized to award punitive or other damages not measured by the prevailing party's actual damages. Each party shall bear its own costs, fees and expenses of arbitration.

Judgment upon the arbitrator's award may be entered in any court having jurisdiction. The arbitration proceedings and arbitrator's award shall be maintained by the parties as strictly confidential, except as is otherwise required by court order or as is necessary to confirm, vacate or enforce the award and for disclosure in confidence to the parties' respective attorneys, tax advisors and to family members of a party who is an individual.

Certification

I certify that I have read the above paragraphs included in the Informed Consent, Arbitration, and Certification sections of this Agreement. I have truthfully disclosed all of the pertinent medical information requested in the Medical History section of this Agreement. I understand that I may be required to have a release from a physician due to my medical history before a procedure can be performed due to my medical history. I accept full responsibility for any complications which may arise or result during or following the cosmetic procedure(s) which is (are) to be performed at my request according to this Agreement. I have had the opportunity to ask any questions I may have and I have been advised of the potential risks and complications. I willingly and knowingly accept all such risks. I understand that results are not guaranteed and I further understand and agree that the technician and Toolbox Studio Salon shall not be liable for any injury or outcome during or as a result of the procedure(s) performed.

Print Name: _____ Date: _____

Signature: _____

Technician Name: _____

After Care Instructions:

Permanent Makeup Aftercare

PERMANENT MAKEUP AFTERCARE INSTRUCTIONS General Instructions for All Permanent Makeup Applications For 7-14 days following application: of permanent cosmetics

- Recommendations for your After Care: For Brows, wash them 1 hour after treatment with gentle cleaner. Lips must be blotted with a damp cotton round or tissue to remove any fluid on the surface of the skin. You will be given a packet of ointment however only used as needed to alleviate mild itching or irritation, you may also use aquaphor as an alternative. Apply as needed with a q tip or disposable cotton swab only. For brows do a gentle cleansing 1 hour after the procedure is complete. Blotting the area with a clean tissue is also helpful to removing any oozing or drainage. Always allow it to air dry and apply a thin layer of provided ointment if desired.
- If you have an eyeliner procedure, rinse the eye thoroughly with saline solution then apply your eye ointment. Do not rub, scratch or irritate your eyes this could cause you to tear your cornea.
- Do not touch the healing pigmented area with your fingers, they may have bacteria on them and may lead to infection.
- To prevent swelling on eyes or lips you can sleep elevated and on your back while healing for 5-10 days or as long as needed.
- No makeup, tinting of lashes or brows, sun, soap, sauna, Jacuzzi, swimming in chlorine pools or in the ocean for 7-14 days (until the area is completely healed). We recommend a new tube of mascara after eyeliner procedures to prevent bacteria from touching the new PMU.
- Restrictions on physical activities including bathing, recreational water activity, gardening or contact with animals for 5-10 days after procedure, avoid heavy sweating.
- Do not rub or traumatize the procedure area while it is healing. Do not allow others to touch your PMU area.
- Touch up visits should be scheduled between 6-8 weeks post procedure. Permanent Makeup procedures often are a two-step process however for some it can be more than 2. Your final results are not determined until a touch up application is completed.
- If you experience any itching, swelling, blistering, red streaks going from the procedure site toward the heart, elevated temperature, or purulent drainage from the procedure or any other complications post procedure, call your technician and your doctor immediately. You may be allergic to the aftercare product you are using or possibly any product used during your procedure. . Failure to follow these instructions may result in pigment color loss! Color Refreshers are used to maintain your procedure color integrity. Overworking the skin is never recommended and can cause scarring.

Lips- follow all above instructions and also do not smoke, eat colorful foods, spicy foods or kiss for the first 7-14 days. Lips may look chapped, excessively dry and flaky for up to 2 -14 days or more. Keep lips hydrated and blot with a damp cotton round as needed to prevent scarring. Color may fade rapidly and re-emerge after a week or more. Do not sun bath, use tanning equipment or get a spray tan while healing. Do not be submerged in pools, hot tubs, lakes or oceans or any body of water that can have germs or bacteria. If you are prone to cold sores, consider starting your medication at least 1 week prior to your treatment.

Scalp- keep the area dry and free of harsh products. Avoid scratching and harsh brushes or combs, hats to be worn loose and also kept clean. Scalp treatments can be performed 7-10 days apart for best results.

Scar- keep the area moist with ointment and free of harsh products.

I have read and understand my aftercare instructions (initial) _____ Sign _____

Office use only

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Pigments and Supply Sheet

Service provider _____

For salon use only:

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Date: _____ Color/ Brand _____ Lot _____ Exp. _____

Notes: