

Beauty Ink and Beyond, Inc.

CLIENT INFORMATION SHEET

NAME _____ Date of Birth: _____

ADDRESS _____

PHONE (Day) _____ Night _____

May we contact you at these numbers if necessary? Yes No

PROCEDURES DESIRED:				
<input type="checkbox"/> Eyeliner	<input type="checkbox"/> Eyebrows	<input type="checkbox"/> Lipline	<input type="checkbox"/> Full Lip Color	<input type="checkbox"/> Nipples
<input type="checkbox"/> Beauty Mark	<input type="checkbox"/> Skin Repigmentation	<input type="checkbox"/> Other _____		
If you selected "other" please explain: _____				

Have you **ever** had a cold sore? Yes No If yes, you must contact your physician for a prescription of ZOVIRAX capsules, an antibiotic which prevents cold sores.

I have read the above information regarding ZOVIRAX and understand its use is mandatory if I desire lipline or full lip color procedures.

*Signed: _____ (Client)

Who referred you: _____

Are you currently under the care of a physician? Yes No

If so, why? _____

Physician's name: _____

Do you take antibiotics when going to the dentist? Yes No If Yes, Why? _____

Do you suffer from: Allergies Moles or freckles at site of tattoo Hepatitis

Heart Problems Hemophilia Diabetes Skin Problems Scarring (Keloids) Eye

Problems Epilepsy Other: Please explain: _____

Are you presently taking any medication which thins the blood? Yes No

Are you taking other medications? Yes No If yes, explain: _____

Are you pregnant or nursing? Yes No

Do you wear contact lenses? Yes No

I understand that if I fail to cancel my appointment within 24 hours, there will be a charge of \$ _____

*Signed: _____ (Client) Date: _____

SKIN REPIGMENTATION CONSENT FORM

The process used to pigment the skin is not a one-step process. Soft tints of color (pigment) are tattooed into the skin one layer at a time over multiple visits, with a minimum one-month period between each visit. These pigments must "shine up through" scars, thin skin, grafts and other irregularities. For this reason, repigmentation and color re-creation often require multiple visits of up to a year in order to simulate natural skin tones. While these injected tones may from time-to-time simulate the exact color and tone desired, it will not always be a perfect match. This is because while natural skin tones vary when the skin is cold or warm, tan or un-tanned, or whether your circulation is good or poor, injected pigments are permanent and do not change color. This is due to the fact that the pigment is placed under the skin and is not affected by the ever-changing tones of the epidermis. This is what sets "Permanent Color" apart from regular topical cosmetics, which are placed on top of the skin and literally cover the epidermis.

Since this is a tattooing process, it carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, spreading, fanning, fading or an allergic reaction to the pigment.

If you desire this procedure, it is imperative that you do not expose your repigmented skin unprotected to direct sunlight, use tanning booths, or any products which increase melanin production in the skin. This is particularly critical during the first eight weeks following treatment.

We recommend the use of sunscreens with a minimum 25 SPF on your completed exposed area of repigmentation in order to maintain the integrity of the pigments.

If you are contemplating cosmetic surgery, laser treatments, injectables, implant surgery or other potential body altering procedures, please be advised that such procedures may adversely affect or alter your permanent color. It is your responsibility to check with your physician or other treating technician when contemplating these procedures. Some of these potential adverse changes may not be correctable, such as pigment changes and darkening, scarring or hyper/hypo-pigmentation.

Beauty Ink and Beyond, Inc is not responsible for changes which may occur to your tattooing as a result of any such treatments.

PROCEDURES DESIRED:

<input type="checkbox"/> Areola Restoration	<input type="checkbox"/> Scar Revision/Camouflage
<input type="checkbox"/> Bald Spot Repigmentation	<input type="checkbox"/> Cheek Blush
<input type="checkbox"/> Vitiligo or other Color Loss Repigmentation	<input type="checkbox"/> Skin Graft Matching
<input type="checkbox"/> Other, explain: _____	

Number of visits recommended _____ Cost per Visit \$ _____

Special Instructions: _____

I AM OVER THE AGE OF 18, AM NOT UNDER THE INFLUENCE OF DRUGS OR ALCOHOL, HAVE READ THE ABOVE CONSENT FORM, AGREE TO AND UNDERSTAND THE ITEMS OUTLINED ABOVE, AND HAVE RECEIVED A COPY OF THIS FORM.

Client: _____ Date: _____

Technician: _____ Date: _____

Aesthetics

Client Informed Consent Form

1. I voluntarily request that **Beauty Ink and Beyond, Inc .** (and such associates, technical assistants and other skincare professional she or he may deem necessary) to perform _____ (service). I acknowledge having been informed that this cosmetic procedure is intended to _____ (benefit).
2. I understand that my skincare professional can discover other, or different conditions that may require additional or different procedures than those planned. If my skincare professional discovers such other or different conditions I will be referred to appropriate medical care provider
3. I also realize that the following risks and hazards may occur in connection with the particular procedure; worsening or unsatisfactory appearance, redness, swelling, scarring, or recurrence of the original condition.
4. If this procedure creates light sensitivity, I understand I must use sunscreen of SPF 25 or greater at all times through out the course of treatment.
5. I acknowledge my obligation to follow the written and/or spoken instructions covering my pre and post treatment skincare regimen.
6. I understand that multiple treatments may be required for some services. If so, the cost of these was disclosed prior to the first treatment.

I certify that I have read the above consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client's Name (Please Print): _____

Client's Signature: _____

Date: _____

Time: _____

Permanent Makeup Guidelines

● Please read all information carefully!

PRE-PROCEDURE CARE **For Eyebrows, Eyeliner, Lipliner, and/or Full Lipcolor**

All permanent cosmetic procedures can be a multi-session process. You may require a touch up visit after 8 weeks' time, if needed. (If appointments are available)

Be prepared for the color intensity of your procedure to be significantly larger, sharper, brighter, or darker than what is expected for the final outcome. It will take time for this transition, based on how quickly the outer layer of your skin exfoliates. Brows and eye can be up to 30% lighter and lips maybe up to 50% lighter.

While these injected tones may initially simulate the exact color and tone desired, it will not always remain a perfect match. Injected tones are constant, while your own skin tones will vary depending on exposure to cold, heat, sun, and circulatory changes. For example, if you tan your skin and had a scar camouflaged, your surrounding skin will be darker in appearance than the treated area.

Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it best not to make any social plans for a day or two, following any procedure.

Important Information!!

If you under a Doctor's care for any reason please notify us before scheduling your procedure.

- Organ Transplant Recipients may **NOT** receive permanent makeup
- If you take medication to see the Dentist please do so on the day of your procedure just as you would if you had a Dentist appointment
- If you are on blood thinners we require a note from your Doctor allowing you to go off of them for 3 days prior to your procedure and the note must also have the Doctors approval for the procedure (Please make sure you stop taking these 3 full days prior to your appointment)
- Any break out of cold sores you **MUST** wait 2 weeks before **ANY** procedure once they have cleared
- If you have had any type of surgery within the past 6 months or will have in the next 6 months please provide a Doctor's note
- Please do not take aspirin, green tea, vitamin E, or any Herbs for 3 days prior to your procedure. If your Doctor has you on aspirin every day we will need your Doctor's approval in written form for you to stop taking the aspirin
- If you are prone to cold sores, please get a prescription of Valtrex (1000mg for 14 days) and begin taking it 7 days prior to your procedure and 7 days after your procedure (for any type of permanent cosmetics, not just the lips)
- If you are under treatment for any form of cancer, you must wait until your treatment is complete. It is recommended to get permanent makeup before you start any cancer treatment
- **No** alcohol for **24** hours prior to your procedure.
- **No** caffeine or Salty Foods for **24** hours to your procedure.

CONSENT TO RELEASE OF PHOTOGRAPHS

This is an agreement between: _____

and **Beauty Ink and Beyond, Inc .**

I hereby grant (*insert Company/Business Name*) permission to use my photograph(s) or electronic media images to be used on the internet or in any other print or electronic medium I confirm I am 18 years of age or older. I will make no monetary or other claim against (*insert Company/Business Name*) for use of the photographs.

Date of Photographs: _____

Signature: _____ Date: _____

Print Name: _____