

**BEFORE CARE INSTRUCTIONS PRIOR TO
PERMANENT MAKEUP/MICROBLADING PROCEDURE**

Adhering to these guidelines will help you prepare for your procedure to help achieve better results.

No Coffee the day of the procedure

No alcohol the or night before day of the procedure

No pain killers of any kind (aspirin, Ibuprofen, Tylenol, etc.) *Unless Directed by your doctor. If this is the case, Please Advise us.

You will want to keep your new cosmetic procedure from getting wet. Some people might prefer to have fresh blown dry hair to refrain from water hitting their new permanent cosmetic procedure.

You may not get permanent cosmetics if you are pregnant or nursing.

If you would like an allergy patch test, we need at least 24 hours before your procedure to do this.

Love Your Look Beauty Studio, LLC
Client Information Sheet

NAME _____ Date of Birth: _____

ADDRESS _____

PHONE _____

May we contact you if necessary? Yes No

PROCEDURES DESIRED:

Eyeliner Eyebrows Lipline Full Lip Color Nipples

Beauty Mark Skin Repigmentation Other

If you selected "other" please explain:

For Lip Tattoo:

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 48 hours, there will be a charge of 50% of the full treatment cost.

*Signed: _____ (Client) Date: _____

Love Your Look Beauty Studio, LLC
CONSENT TO APPLICATION OF
PERMANENT MAKEUP PROCEDURE

NAME _____ ADDRESS _____
DATE _____ CITY _____
DOB _____ STATE/ZIP _____
PHONE _____ EMAIL _____

PROCEDURE(s): _____ NO. OF VISITS: _____ COST OF PROCEDURE(s): _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

I have been informed of the nature, risks, and possible complications of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). X _____

There is a possibility of an allergic reaction to pigments. A patch test is advisable however it does not ensure a client will not have an allergic reaction. I consent ____ (initial) or waive ____ (initial) the patch test. If waived, I release the technician from liability if I develop an allergic reaction to the pigment.

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. X _____

I have received pre- and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X _____

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done. X _____

[Optional/Requested] I consent to Love Your Look using "before & after" photos of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting Love Your Look, which will then discontinue use of said photo(s). X _____

CLIENT: _____ DATE: _____

Cosmetic Microblading Aftercare Instructions

~Blot lightly if eyebrows get weepy over next 24 hours

~Keep as dry as possible for 7-10 days

~Apply Aquaphor or A&D ointment, once in the morning and once at night (once before shower as a barrier to H₂O, Stand with your back to the showerhead, do not put your brows directly under it)

~No Swimming, Sun, Hot sauna, or excessive sweating (working out) for one week

~Do not apply any makeup directly on or above the tattoo for one week

Typical Healing

Days 1-2

The eyebrows are approximately 40% darker and bolder than when they will be healed. Your skin is red under the pigment which causes the color of the pigment to look darker. There is some swelling, and possible soreness, which will subside. Exfoliation, which begins in a few days, will cause the excess pigment from procedure to fade away and a more narrow appearance will result.

Day 3

Eyebrows start to itch and will appear a bit thicker in texture. Exfoliation begins.

Day 4

The skin begins to flake—peeling from the outside edges first.

Day 5

Color finishes flaking off and appears softer and grayer for a few days until the color clarifies.

Remember: Like any cosmetic procedure this is a process. Do not expect immediate results- and please be patient. It will be a few weeks before you can fully appreciate the results, and you will love it. General remarks on Shape and Color: Immediately after the procedure the area treated will look much darker and much more defined (as if it were “painted on”) than the final results. Be prepared for the color to be significantly lighter and the overall appearance much softer and more natural after the healing occurs. It will take time for this transition, based on how quickly the outer layer of your skin exfoliates (which will be different with each person). Usually the exfoliation (peeling) occurs about 4 to 5 days after and will be complete in about 7 days. At that point the contrast between the initial intensity and the new softer, lighter color may leave you feeling disappointed. **DO NOT WORRY!** It is expected and normal and you will be receiving a second APPLICATION, A “PERFECTING SESSION” IN A FEW WEEKS. At that time, SHAPE and COLOR will be adjusted to your liking. We can add very easily, but it is much more difficult to remove. You must wait at least 4 weeks between applications. ENJOY THE LOOK OF YOUR NEW PERMANENT COSMETICS!!!

Emoji indication of typical healing results from microblading:

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|---|--|---|
|  <p>Day 1</p> <p><i>"OMG! I love my new brows!"</i></p> |  <p>Day 2-5</p> <p><i>"OH NO! They look way too thick and dark!"</i></p> |  <p>Day 5-10</p> <p><i>"WTF! They are the wrong shape & Flaking off!"</i></p> |
|  <p>Day 10-15</p> <p><i>"WTH!!! MY. BROWS. ARE. GONE."</i></p> |  <p>Day 15-30</p> <p><i>"Hehe! Oops! JK. They came back. Just a little patchy."</i></p> |  <p>Touch-Up Day</p> <p><i>"Thanks My brows are soooo Fly!"</i></p> |