

Mandie Ferrich

MAKEUP | LASHES | PERMANENT MAKEUP

FAQ

What is microblading/cosmetic tattooing?

Cosmetic tattooing is the process of implanting pigment into the upper layer of the dermis. The pigments used are absorbed by the body over time, but are different from traditional tattoo inks because they do not spread or bleed over time. The machine method is the only kind that can be done over an existing tattoo. Machine method permanent makeup can also offer very fine hairlike strokes when using the fine number 1 needle. Microblading uses a small hand tool with a fine needle grouping to etch tiny hairstrokes into the brow. This is the most beautiful and realistic brow application. This approach can offer a realistic precise hairstroke look to the brow, but may not last as long as the traditional technique. For any permanent makeup, a yearly color boost is recommended.

Does it hurt?

While everyone has a different comfort level, even with topical anesthetic some clients may still experience slight pain. It is about as painful as having your eyebrows waxed or threaded. If you are menstruating, your sensitivity may increase.

How do I prepare for my appointment?

To ensure you have a great experience with your permanent makeup procedure, please follow these steps. Quit using retinol or other chemical exfoliants at least a month before the procedure. On the day of the procedure, you may take an allergy medication to reduce inflammation. Please refrain from drinking caffeine or alcohol for 24 hours before your appointment, as well as any blood thinning medications or supplements. Sun exposure should be limited for 30 days before your appointment because of skin shedding, which will cause loss of pigment if the skin is tattooed too soon after a tan or a sunburn. If you have a shape in mind, please bring in photos or fill your brows in to your desired shape, and we can determine the best shape once we measure your brows and assess your facial bone structure.

What is the aftercare?

Immediately after your appointment, wash the area very gently with either plain water or a very gentle antibacterial soap to remove any buildup of lymph fluid that may have dried onto your skin. Once washed, you will need to care for them by using the bacitracin packets included in your aftercare kit for the first 48 hours to keep them moist. In the first week, they may seem darker and they will start to flake off. Do not peel the flaking skin. After they are healed in about a week, you might notice they are a little lighter than you want, which may mellow out by the time your touchup appointment is scheduled. Please allow 14 days between your appointment and any scheduled vacations to maintain the pigment. After your touchup appointment, you will only need to make sure you keep sunscreen on the area, and minimize harsh exfoliation treatments to keep them looking great for as long as possible. Natural fading will occur, and depending on your metabolism and lifestyle, a yearly color boost should be performed after your complimentary touchup procedure.

How long does it take?

The appointment takes a couple hours. The first 30 minutes we go over all the consultation paperwork, take pictures, choose the method of tattooing, discuss shape and color, and apply topical anesthetic. Once the topical anesthetic has taken effect, we will create the outlined shape as a stencil on your skin and start the procedure.

How long will it last?

The initial appointment includes a touchup between 6-8 weeks, when the true color and shape will take effect. At the first touchup, we will see how your skin has responded to the pigment, and make any color adjustments then. The brows will continue to soften and lighten, and you may find that a touchup every year or two will keep your brows looking fresh.

I had brows done somewhere else, can you fix them?

With the increased popularity and realism of current permanent cosmetics techniques, there are many women wanting to fix their brows from a procedure that may have been done many years ago. Please send me a photo of your current brows, and I will take each client on a case by case basis. Microblading cannot be done over existing tattoo unless very faded.

I have no brows. Will it still look natural?

The great thing about microblading and traditional permanent makeup techniques, is that you can create a very realistic brow, with either all fine hairstrokes or hairstrokes blended with a soft shaded look.

Who isn't a good candidate for microblading or cosmetic tattooing?

Most people will be able to have a great experience with cosmetic tattooing, but there are some contraindications. Pregnant or nursing women may not get cosmetic tattooing. Clients with compromised immune systems may not be a good client for cosmetic tattooing. Clients who are on blood thinning medication cannot take it for 72 hours before their appointment time, as bleeding will cause loss of pigment. Clients who smoke may not retain pigment as long. Clients with very thick or oily skin may not retain pigment as long. Clients who have had Botox within the last month may have to sign a waiver before receiving permanent cosmetics. Clients who have used accutane within the last year may not receive permanent cosmetics. Clients who are actively receiving chemotherapy or radiation treatment for cancer or other reasons may not get permanent cosmetics. Clients who have had an organ transplant or have a pacemaker or major heart problems. Clients who are epileptic, diabetic, have an active viral infection on the area, have a skin disorder active in the area such as eczema or psoriasis, or are prone to keloid scars. It is advised to not schedule your appointment within two weeks of returning or leaving for vacation or a major event, and to not have a sunburn or very dark tan before your appointment. Clients with existing faded permanent makeup in the area must send me a photo of the work so I can determine if I can accommodate you. If so, you will need to sign a waiver before I can proceed. If necessary, you will be referred to someone who can do laser removal and you will need to heal from that fully before receiving a new tattoo.

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How to prepare for your permanent makeup appointment

Hi there and thank you so much for booking your appointment with me! I hope you are excited about your upcoming permanent makeup appointment. Since the service you are getting requires some pre and post-care, I wanted to go over a short checklist and some frequently asked questions on how to prepare this week for your appointment so you get the best results possible.

First thing is first! Sometimes people miss on the reminder email that my address is in Rocklin and not Sacramento. If you missed it, the address is Suite 115, Phenix Salon Suites, 6815 Lonetree Blvd, Rocklin CA 95765 right off of Highway 65 and Blue Oaks in Rocklin. If you get there before or after hours, use the intercom on the right side of the door to call to my room and I will unlock the door.

Please come with your makeup on how you normally wear it, as a photo will be taken with, without, and after the procedure. These photos may be cropped and used on my website, review sites, and other social media for advertising services.

Your appointment is about 2 hours long, depending on how much time we take shaping your brows, choosing color, and how full your brow is and if you have any sensitivity or complications during the procedure. You must OK the shape and color but please understand that shape and color will be selected based on your skin tone, bone structure, and overall features. This may mean the shape or color may differ from what you normally wear. Shape adjustments on your brows due to unevenness will try to be corrected as best as possible without compromising quality. Please remember that color will fade about 20-30% within a month following your procedure. Complications during the procedure are fairly rare, but depending on some factors you may have more bleeding, lymph fluid production, or sensitivity. Following the pre and post-care instructions will ensure a better experience during your appointment and better healing afterward. Failure to follow instructions may adversely affect your results.

Your brows may look quite a bit lighter after your initial healing a week from your appointment. This is because the surface is healed but the underneath layers are not yet fully healed for another month. This may cause the brow to look slightly ashy or opaque. When the skin fully heals underneath it

becomes translucent again and the true color will show through. A touch up appointment is included in the cost of your brow appointment. This is to perfect the color, shape, and make any slight adjustments as needed.

Please take a look at the list below and contact me if you have any questions.

- Kids and visitors other than a translator are not allowed at the appointment. Due to California law and my liability insurance, I am not covered if something were to happen. Aside from that, it is also a major distraction and can make the appointment much longer than necessary. Failure to comply will forfeit your deposit and will be rescheduled at my next available time. If someone needs to come with you, there is a waiting area outside of my studio, or there are many things to do within the local shopping centers nearby.
- No alcohol the night before your appointment
- No caffeine the morning of your appointment
- No blood thinning medications including anti-inflammatory pain medicine within 2 days of your appointment
- No Botox within the last month, due to possibility of brow unevenness and you may need to sign an additional waiver
- No recent sunburn or chemical peel within the last month
- No Accutane use within the last 6 months to a year
- If you are menstruating you may be more sensitive during the appointment
- No waxing or threading within the last week, as I will shape your brows with a brow razor if needed.
- No retinol or other topical acne medication for one week before your appointment
- You will not be able to sweat for 10 days because of the salt production in the skin may fade pigment or cause an infection, so please plan your workouts accordingly
- For eyeliner only: please wear glasses if you are a lens wearer. You will not be able to wear contacts for about a week after your appointment.
- For eyeliner only: if you get eyelash extensions, you will either need to have them removed or let them shed before your procedure. This is because it can be hard to work around them and I may damage your lashes during the appointment.

Please plan for traffic and parking. Rocklin traffic on Highway 65 can get backed up near the mall. Since I only take 2-3 clients per day, even 15 minutes into your appointment time may not allow for enough time for your service. If you have any other questions, please text me at 916-505-0487 or email me at hello@makeupbymandie.com

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Permanent Cosmetics Information Sheet and Consent Form

Today's Date ____/____/____

Name _____ Date of birth ____/____/____

Address _____ City _____

State _____ Zip _____ Best number to reach you (_____) - _____ - _____

Emergency Contact _____ Relationship _____

Phone number of emergency contact (_____) - _____ - _____

Email address _____@_____

Ethnic Background (Please include all nationalities): _____

Procedure(s) Desired

Shaded Brows

Hairstroke Brows

Microblade

Eyeliner

Clinical outcome of procedure(s)

1. The results of your procedure is determined in part by the nature of the pathology of skin type, but not limited to the following factors:
 - a. Medication you are currently taking
 - b. Skin characteristics: Dryness, oiliness, thickness, sun damage, color, chemically damaged, sensitivity, rosacea, etc.
 - c. Natural skin undertones mixing with pigment color
 - d. Alcohol intake, smoking, caffeine intake, sun exposure, and improper skin care
 - e. Following pre and post care instructions
 - f. In some cases, these factors can or may interfere with acceptance and overall fading of color pigment

Informed Consent to Procedure (Please initial next to each number)

1. _____ I absolutely understand and accept that such procedure is a process, often requiring a follow-up application of color to achieve desirable results and that 100% success cannot be guaranteed.
2. _____ Depending on the procedure(s), which I select, I accept responsibility for determining the color, shape, and position of eyebrows or eyeliner.
3. _____ I understand the actual color of the pigment may be modified after the procedure, due to the tone and color of my skin.
4. _____ I understand that positioning of my procedures can be affected if I elect to have cosmetic surgery, Botox, or Restalyne.
5. _____ I understand that if I have an MRI after the procedure, that I must tell the radiologist that I have iron oxide permanent cosmetics.
6. _____ If I am a lens wearer, I realize that I must keep my lenses out the day of an eyeliner procedure.
7. _____ I understand that this procedure will fade and this fading can alter the original pigment color and that this determines that it is time for a touch-up.
8. _____ I realize that this is an elective tattoo process and therefore not an exact science, but an art, and is not medically necessary.
9. _____ It has been explained to me that the following possibilities may occur: minor and temporary bleeding, swelling, infection, allergic reaction, scarring, keloid formation, corneal abrasion, bruising, redness or other discoloration, inconsistent color, and or spreading/fanning of pigment.
10. _____ I give my consent to confer with my physicians for medical information required for the safety of my procedures.
11. _____ I agree to accompany my technician to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety and disclose all test results to my technician.
12. _____ I am aware that if an infection occurs after I have received permanent cosmetics to see my primary physician and to call my studio.
13. _____ If I had permanent cosmetics performed previously by another technician, I will not hold Mandie Fenrich responsible for future allergic reactions or contraindications.
14. _____ I understand that the taking of before and after photographs of the said procedures are for the purpose of documentation, which may or may not be used for educational or advertising purposes.
15. _____ I am over the age of 18 and am not under the influence of any drugs or alcohol.

Acceptance:

I have read and understood these risks listed above and they have been explained to me. **I DID NOT JUST SIGN THIS DOCUMENT.** I certify that the information in the above questionnaire is accurate and that it has been explained to me and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedures to be formed at my request.

Signature of Client _____ Date _____

Signature of Technician _____ Date _____

Medical Information

Yes No

	Yes	No
Have you ever had a fever blister (cold sore), even if only once?		
Have you ever had a canker sore?		
Are you pregnant or nursing?		
Eyeliner only: Do you have glaucoma or other eye disease or disorder?		
Eyeliner only: Have you ever had any eye trauma?		
Have you had a vision correction procedure such as Lasik surgery in the last 3 months?		
Are you considering having vision correction procedures in the next 2 months?		
Are you prone to eye infections (i.e., conjunctivitis/pink eye)?		
Are you on blood thinning medication?		
Do you take aspirin? Do you smoke? Drink Alcohol?		
Are you on Accutane, or have you taken it within the last year?		
Do you have Mitral Valve Prolapse or valve implants?		
Prior to dental procedures, do you receive antibiotic therapy?		
Are you on steroids or anti-inflammatory medications?		
Have you had a joint replacement or organ transplant? If yes, describe:		
Are you an insulin diabetic?		
Do you have seizures or fainting spells?		
Do you bruise or bleed easily?		
Do you swell easily?		
Do you have a healing problem?		
Do you have keloids?		
Do you use Retin-A, Glycolic Acid, Vitamin C or other exfoliants?		
Do you have a dermatological disorder(s)?		
Disorder presently active or in a flare-up?		
Do you use sunlamp or tanning bed?		
Are you currently tanned in the are(s) to be treated?		
Are you on Lithium?		
Do you have hemophilia or other clotting disorders?		
Do you have an autoimmune disorder?		
Have you ever had Hepatitis? Please circle: A B C		
When were you last tested?		
Do you have any pre-existing nerve damage in the area I will be working on?		
Do you have any tattoos?		
Are any of the colors in your tattoo(s) sensitive to the sun or rise up in the sun?		
Do you have a hyperactive thyroid or Grave's disease?		
Do you have Trichotillomania? (Pulling of hair, eyebrows or lashes).		
Do you have Alopecia Universalis (total) or Alopecia Areata (local)?		

Please check (x) all that apply:

Have you ever had an allergic reaction to any of the following:

- Topical anti biotic ointments (i.e., Neosporin, Bacitracin, etc.)? _____
Novocain, Lidocaine, Epinephrine? _____ Cosmetics? _____
Seasonal (trees, pollen, hay fever)? _____ Latex rubber? _____ Metals, other? _____
- When at the dentist, do you anesthetize easily? _____ Or does it take several Injections? _____
- Do you tint your brows? _____ Eyelashes? _____
- Have you had Botox injections? _____ When? _____
- Do you spend a lot of time in the sun? _____ In chlorinated pool? _____
- Have you had any facial cosmetic surgery? _____ When? _____
Are you happy with the results? _____
- Are you planning facial cosmetic surgery in the near future? _____ When? _____
- Have you ever had laser treatments? _____
What type of lasers and why? _____

If you are presently under a physician's care for any condition, please describe:

Physician's Name: _____

Address: _____

Phone: _____

I hereby certify that, to the best of my knowledge, all statements contained hereon are true.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____

Consultation Form

Procedure Notes

Client's Name: _____ Date: _____

Procedure: _____ Fees: _____

Time In: _____ Time Out: _____

Photo Taken: w/makeup _____ w/o makeup _____ after _____

Pigment(s):
Batch #(s):
Needles & Lot #'s:
Machine used:

Anesthetics used and batch #'s: _____

Pre-Treatment: _____

During procedure: _____

Sensitivity level: Low Medium High Complications: No Yes

Progress Notes (SOAP)

Technician's Signature: _____ Date: _____

Scratch Test Consent

I have received a patch test on _____ (date). The scratch test was completed prior to the procedure and releases _____ from any liability related to any allergies or other reactions to the applied pigments.

The Scratch Test was waived because of:

Herpes Simplex Release

I, _____ have been advised that if I have the Herpes Simplex I virus, which causes cold sores on the lips, permanent make-up procedures may stimulate a cold sore outbreak. I have been advised to see my doctor for an anti viral medication which may prevent a cold sore outbreak. Doctors often prescribe Zovirax or Valtrex in pill form.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____