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CRISTAL WALKER

PRE TREATMENT INSTRUCTIONS FOR PMU PROCEDURES

- ❑ All candidates for a permanent cosmetic service must have a full consultation and if necessary a patch testing of pigment prior to the procedure. Please fill out all forms with accurate information.
- ❑ Please do not take Aspirin or other blood thinners 7 days prior to your service, this prevents the skin being compromised and excessive bleeding. Please inform us of all medication on the health intake form. Please see the list of blood thinners to ensure the safety of your skin during your procedure. If you are on any medication and can not discontinue the use of it, a doctor's note is required to move forward with your procedure. PLEASE DO NOT DISCONTINUE ANY MEDICATION WITHOUT THE ACKNOWLEDGEMENT AND APPROVAL OF YOUR PHYSICIAN. YOUR HEALTH IS OUR PRIORITY.
- ❑ We are unable to move forward with your procedure if you are pregnant or nursing.
- ❑ We are unable to move forward with your procedure if you are on Accutane or have taken it in the last year. You need to wait 1 full year before you are a candidate for permanent cosmetics.
- ❑ Please avoid the consumption of alcohol 24hrs prior to your service. Alcohol can thin the skin and promote excessive bleeding and lymph drainage.
- ❑ Esthetic treatments such as IPL, Laser Peels, All chemical peels or advanced exfoliation of the skin must be discontinued for a full 30 days prior to your procedure. The use of strong active ingredients such as AHA's BHA's or Retin-A also have to be discontinued for a full 30 days as they can compromise the skin prior to your procedure. If you have any questions please inform your artist of the current home care products you are using.
- ❑ Botox and other facial injectables like Restylane can alter the shape of your cosmetic procedure. You must wait until these treatments have worn off or have them performed post procedure 30 days.
- ❑ Antibiotics are not allowed prior to your procedure. Please check with your physician to determine the type of Antibiotics and if you are able to stop the use of them 7 days prior to your service.
- ❑ Permanent cosmetics cannot be performed over fresh sunburns, or a tanning bed procedure. Your skin must be fully healed. Please inform your artist. Burns depending on the level will determine how long the healing process is and when you are able to receive your procedure.
- ❑ Numbing agents are used during your procedure, It is normal for your skin to feel irritation, sensitivity or some discomfort. If you are resistant to lidocaine please inform your artist. It is also normal for your skin to be sensitive and red post procedure.
- ❑ For the health of your skin and proper healing please follow the healing instructions and avoid direct sunlight exposure, sweating, hot tubs, lakes, pools, steam showers or saunas, exercise of any type, alcohol consumption for 24-36 hours and all other situations that can or could promote sweating and irritation of your skin post procedure.
- ❑ Hair removal may be performed prior to your procedure depending on the health of your skin (waxing, tweezing or shaving) Any Electrolysis for Facial hair removal must be done 7 days prior to your service.

Topical anesthetics are used for you maximum comfort during your service, Allergic reactions can occur during or post procedure. A 5% lidocaine is approved by the FDA and is safe to use for cosmetic procedures. A reaction can present themselves as swelling, rash, redness, dryness or other symptoms. Depending on the individuals skin and level of pain tolerance, clients can be completely numb and others can experience some discomfort. Please communicate any type of discomfort or irritation with your artist at all times during your procedure.

*As mentioned above, you are free to schedule a patch test prior to your service. All clients can develop an allergy to products over time, this helps us determine your skin's health and your candidacy for this service.

I have fully read and understand the information provided above and any risks involved with topical anesthetic and this service and therefore consent to the use of a topical anesthetic for my permanent cosmetic procedure. I also agree and have consented to all the Pre-Procedure instructions completely.

Client

Date

Technician

Date

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POST TREATMENT INSTRUCTIONS FOR PMU PROCEDURES

Please follow all the instructions provided to you by your Artist and technician following your permanent cosmetic procedure to ensure proper healing, utmost retention and the health of your skin. Remember that your procedure is fresh and that colors may appear darker and very defined following your procedure. Please keep in mind that your 6-10 week touch up will give you your final results. The more carefully you follow your home care instructions the better results you will get. Please keep in mind that if you miss your 6-10 week touch up appointment you are subject to a 6 month touch up fee due to the work that will be needed to give you the best results.

Redness, slight irritation and some tenderness following the procedure are normal. Symptoms may or may not occur, In the case that you experience an adverse reaction such as swelling, elevated temperature, rash, excessive or purulent drainage from the wound, immoderate tenderness or anything out of the ordinary please contact your artist and seek medical attention.

After your procedure it is normal for the color to lighten 10-15%. You may experience pigment loss (typically seen on pillows during sleep) Keep in mind that this is a 2 part service. Your body recognizes this procedure as a wound and will try to heal it as best it can. It is crucial you follow all the instructions and maintain your freshly treated area clean & hydrated at all times. Results are not determined until after you have fully healed following your 6 week touch up.

- ❑ We encourage you to wash your treated area gently with cool water and a soft cloth (brows, eyeliner, freckles etc) morning and night for 2 days after your procedure. (wash hands, wet cloth or soft non woven gauze, squeeze excess water, gently wipe brows in one direction only to remove lymph drainage and balm, and pat dry with a clean towel specifically for your brows or a new non woven gauze and reapply balm)
- ❑ For day 3-14 lightly apply the healing balm throughout your day maintaining them hydrated. **Flaking is normal, SCABBING IS NOT.** If you feel any itchiness, tight skin, or discomfort apply more healing balm. Avoid double dipping in the balm, apply with q-tips only.
- ❑ Avoid extended and direct sun exposure, sweating, pools, hot tubs, lakes, salt water, hot showers and touching your freshly treated area until your skin is fully healed. This minimizes possible infections.
- ❑ For days 3-14 we suggest not cleansing to prevent scabbing, reopening the wound or pulling pigment. If you are continuing to cleanse them, make sure you follow the steps listed above.
- ❑ Avoid any facial treatments or home use of anti aging products for up to 30 days as they can alter the healing process.
- ❑ Avoid makeup around the freshly treated for 14 days following the procedure. No Lash/Brow tints to avoid any active products around the treated area.
- ❑ Avoid contact with animals for a minimum of 7 days to prevent infection
- ❑ Avoid clothing that could irritate or come in contact with the freshly treated area

If you have any questions contact your artist immediately.

Client

Date

Technician

Date

Touch up date : _____

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CONSENT FOR PERMANENT COSMETICS PROCEDURE

Client:		Date:
Address:		
Phone :	Gender:	DOB:
Email		
Emergency Contact		
Procedure:		

I hereby authorize _____ to perform the elective permanent cosmetic procedure. This procedure is for cosmetic purposes only and I understand that the permanent cosmetic procedure carries with it the possibility of complications and consequences associated with this specific type of procedure. Including the risk of infection, scarring, eye damage, inconsistent color, hemorrhage, possible spreading, fanning or fading of the pigment and or allergic reactions to products used. Contingent upon any complication I understand that my artist and technician may call the service due to any reason and will do so for my protection and the integrity of my skin. I authorize my artist and technician and trust them to do whatever is necessary in these circumstances. I also understand that this cosmetic procedure is not guaranteed.

I understand that the pigment can be slightly modified due to the tone and the color of my skin. I fully understand that this permanent cosmetic procedure is not a science but rather a specialized art and that there is the possibility of unforeseen conditions arising. I fully am aware, accepting and have been consulted about my permanent cosmetic procedure and accept the permanency of the procedure as well as any of the possible complications.

I am aware and understand that this is a permanent cosmetic procedure that can only be removed by a surgical procedure or laser pigmentation removal. I understand that with efficacy of any removal procedures that there can be scarring. These procedures should not be performed on any type of compromised skin surfaces which include : sunburn, rashes, past or open lesions, acne, current infections, or any unhealthy conditions also including the use of antibiotics or blood thinners that compromise the integrity of the skin. I have read and disclosed my medical history as well as understand that medication and blood thinners can compromise my skin, the integrity of it and the service as a whole. Any permanent cosmetic procedure will also not be performed on anyone who is impaired or under the influence of drugs, alcohol, or medication that can compromise the service or the clients health. This procedure is also not performed on pregnant women.

I am aware and understand that the use of active ingredients in my home care can alter the results of my permanent cosmetic procedure. The use of acne, anti aging, pigmentation or condition based products with ingredients such as AHA, BHA's, Benzoyl peroxide, enzymes, Vitamin A or Retinol/RetinA, over the counter or pharmaceutical grade ingredients or certain topical creams/moisturizers prescribed by a dermatologist is not allowed, they can and will alter my final results. The use of Accutane is not allowed for this procedure until 1 full year has passed. All active ingredients in the form of lotions, moisturizers of any form must be discontinued for up to 30 days prior to the cosmetic procedure and post 30 days of my procedure.

I certify that I have read, fully understand the Pre-Treatment and Post-Treatment instructions. I certify that I have agreed to follow them. I certify that I have read and understand the complications that can arise as a result during or following the procedure and are acceptable to me. I have provided my artist with accurate and truthful accounts of my skin and medical history. I have read, and fully understand this procedure, its complications and have consented for this cosmetic procedure to be performed on myself. This treatment is performed at my request according to this consent.

Client Signature _____ Date _____

Technician Signature _____ Date _____

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MEDICAL INTAKE FORM

You and your skin is our priority. This specialized and specific permanent cosmetic procedure that can be affected if you have a skin or medical condition. It is important that you answer the following questions honestly. if you have any questions please let us know. All information is private and protected.

Client:		Date:
Address:		
Phone :	Gender:	DOB:
Email		
Emergency Contact		
Procedure:		

ALLERGIES : Please note if you are allergic or if you have ever had any reaction to the following materials.

Lidocaine or topical anesthesia	
Foods	
Metals	
Latex	
Glycerine	
Drugs	
Other Allergies :	

Please circle any that apply :

Thyroid Issues	Diabetes	Hyper Pigmentation	Keloid Scarring or scaring	Healing Problems
Bruise/Bleed easily	Blood Clotting	Hepatitis	Autoimmune disorders	Accutane (note last use)
Use of antibiotics	Anemia	Epilepsy	Psoriasis	Pregnancy
Injections of any type	Botox	Chemical Peels	Pregnancy or nursing	Other

Please list all medications you are currently taking and explain if marked or circled other :

Are you currently under a physician's care for any condition? Please describe :

I certify that I have read, understand and have answered all questions truthfully and correct. I have reviewed ALL medications listed below and I am not currently on any. Any and all medications, skin conditions and medical history has been disclosed and reviewed with my Artist and technician.

Client : _____ Date : _____
 Artist Technician : _____ Date : _____

Medication and Blood Thinner list The medications listed below have an effect on the blood clotting process. These medications are also known as blood thinners. **These medications need to be avoided before your procedure.** Not all are listed. If you are taking any bolded medication notify us immediately. **Signing your consent above you acknowledge you are NOT taking any of the following :**

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Actron	Damason-P	Liquiprin	Presalin
Advil	Darvon	Lodine	Profen
Aggrenox	Dasin	Lortab	Relafen
Aleve	Daypro	Magnaprin	Robaxisal
Alka-Seltzer	DHC Plus	Marnal	Roxiprin
Anacin	Dia-Gesic	Measurin	Rufen
Anaprox	Diclofenac	Meclofenamate	Salsalate
Anexsia W/ Code	Disalcid	Mefenamic	Saletto
Anodynos	Dolabid	Meloxicam	Salocol
Ansaid	Dolprin #3	Meprobamate	Soma Compound
A.P.C	Doxaphene	Midol	Sprix Nasal Spray
Artrotec	Dristan	Mobic	St. Joseph
A.S.A	Easprin	Momentum	Sulindac
Ascriptin	Ecotrin	Motrin	Supac
Aspergum	Emagrin Forte	Nabumetone	Synalgos-DC
Aspirin	Emprin	Naprelan	Talwin
Axotal	Equazine	Naprapac	Ticagrelor
B-A-C	Etodolac	Naprosyn	Ticlopidine
Bayer	Excedrin	Naproxen	Ticlid
Bexophene	Feldene	Norgesic	Tolectin
Bextra	Fenoprofen	Nuprin	Tolmetin
Brilinta	Fiogesic	Orudis	Toradol
Buffered Aspirin	Fiogen PF	Oruvail	Trental
Buffaprin	Fiorinal	Oxaprozin	Trigesic
Bufferin	4 way cold tablets	Pablate	Trilisate
Buffinol	Ginko Biloba	P-A-C	Ultraprin
Cama Arthritis Strength	Gemnisym	Percodan	Uni-Pro
Cataflam	Ibuprofen	Persantine	Vanguish
Celebrex	Indocin	Persistin	Vicoprofen
Cheracol Capsules	Indomethacin	Prioxican	Vimovo
Clinorl	Ketoprofen	Plavix	Vitamin A
Clopidogrel	Ketorolac	Pletal	Voltaren
Combonox	Dipyridamole	Ponstel	Zipsor
Congesprin	Equagesic	Prevacid W/Naprapac	Zorpin

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CONSENT FOR TOUCH UP - PERMANENT COSMETICS PROCEDURE

Client:		Date:
Address:		
Phone :	Gender:	DOB:
Email		
Emergency Contact		
Procedure:		

I hereby authorize _____ to perform the elective permanent cosmetic touch up procedure. This procedure is for cosmetic purposes only and I understand that the permanent cosmetic procedure carries with it the possibility of complications and consequences associated with this specific type of procedure. Including the risk of infection, scarring, eye damage, inconsistent color, hemorrhage, possible spreading, fanning or fading of the pigment and or allergic reactions to products used. Contingent upon any complication I understand that my artist and technician may call the service due to any reason and will do so for my protection and the integrity of my skin. I authorize my artist and technician and trust them to do whatever is necessary in these circumstances. I also understand that this cosmetic procedure is not guaranteed.

I understand that the pigment can be slightly modified due to the tone and the color of my skin. I fully understand that this permanent cosmetic procedure is not a science but rather a specialized art and that there is the possibility of unforeseen conditions arising. I fully am aware, accepting and have been consulted about my permanent cosmetic procedure and accept the permanency of the procedure as well as any of the possible complications.

I am aware and understand that this is a permanent cosmetic procedure that can only be removed by a surgical procedure or laser pigmentation removal. I understand that with efficacy of any removal procedures that there can be scarring. These procedures should not be performed on any type of compromised skin surfaces which include : sunburn, rashes, past or open lesions, acne, current infections, or any unhealthy conditions also including the use of antibiotics or blood thinners that compromise the integrity of the skin. I have read and disclosed my medical history as well as understand that medication and blood thinners can compromise my skin, the integrity of it and the service as a whole. Any permanent cosmetic procedure will also not be performed on anyone who is impaired or under the influence of drugs, alcohol, or medication that can compromise the service or the clients health. This procedure is also not performed on pregnant women.

I am aware and understand that the use of active ingredients in my home care can alter the results of my permanent cosmetic procedure. The use of acne, anti aging, pigmentation or condition based products with ingredients such as AHA, BHA's, Benzoyl peroxide, enzymes, Vitamin A or Retinol/RetinA, over the counter or pharmaceutical grade ingredients or certain topical creams/moisturizers prescribed by a dermatologist is not allowed, they can and will alter my final results. The use of Accutane is not allowed for this procedure until 1 full year has passed. All active ingredients in the form of lotions, moisturizers of any form must be discontinued for up to 30 days prior to the cosmetic procedure and post 30 days of my procedure.

I certify that I have read, fully understand the Pre-Treatment and Post-Treatment instructions for my touch up procedure. I certify that I have agreed to follow them. I certify that I have read and understand the complications that can arise as a result during or following the touch up procedure and are acceptable to me. I have provided my artist with accurate and truthful accounts of my skin and medical history. I have read, and fully understand this touch up procedure, its complications and have consented for this cosmetic procedure to be performed on myself. This treatment is performed at my request according to this consent.

Client Signature _____ Date _____
Technician Signature _____ Date _____