



SPOT ON BEAUTY

Pre-Procedure Form

FULL NAME:

DATE:

D.O.B.

AGE:

PHONE #:

ADDRESS:

Please read these statements carefully:

Permanent cosmetics are a form of tattooing known as Micropigmentation.

- Re-touch procedures are nearly always required following the initial procedure; please note this is a two-stage tattoo process, color retention holds much stronger following the retouch. Spot On Beauty STRONGLY encourages that you make your touch up appointment at the time of your initial procedure.

- A minimum healing period of eight weeks is required before a re-touch procedure can be performed depending on age and skin type.

- A healed result can be seen 4-6 weeks after the treatment.

- Retention of pigment depends on many factors including, skin type, age of client, adhering to aftercare procedure, lifestyle, sun exposure, medication and vitamins.

- On rare occasions the pigment may migrate under the skin in all skin types but especially those with very oily skin or large pores.

- Old Scarring may act like 'dead skin' for the ink and often times will not hold pigment.

- Application of permanent cosmetics can be painful. Pain tolerance will vary from person to person.

- Immediately after the procedure, the pigment can be 30 to 50% darker than the desired result.

- There may be immediate or delayed allergic reaction to pigments. However, allergic reactions are extremely rare.

- A negative allergy test result will not guarantee that you will not have an allergic reaction.

- Allergic reactions to anesthetics can occur. Please inform your artist if you have had an allergic reaction in the past.

- Permanent cosmetics cannot be applied to pregnant women or nursing mothers.

- Permanent cosmetics cannot be applied to any person under the age of eighteen.

- Infections can occur if aftercare instructions are not followed correctly.

- There may be swelling and redness following the procedure.

- You may experience minor bleeding.

- If you have an MRI scan within 3 months of your permanent cosmetics procedure we recommend that you discuss this with your doctor.

- Possible scarring, inconsistency of colour and loss of eyelashes may occur.

- It is normal for the top layer to flake off, DO NOT PICK, as you will rip off the deeper layers of pigment with it and it will have no retention.



Eyeliner Procedures:

- Corneal abrasion may occur during eyeliner procedures. However, corneal abrasion is rare.

Lip Procedures:

- Clients receiving lip procedures who have had previous problems with cold sores/herpes may have an outbreak following the procedure. Anti-viral medication must be obtained from your physician prior to your appointment.
- Lip procedures may appear dry and flaky for up to one week following the procedure.

What to expect immediately after your tattoo:

• Day 1:

Eyebrows: the brows will appear slightly thicker and the color will look much stronger/warmer due to the redness caused in the skin.

Eyeliner: The skin round the eye may appear swollen and red due to the stretching and implantation of ink into a sensitive area.

Lip: will appear stronger in color and swollen. The main swelling will subside within a few hours as this is mainly due to the aesthetic applied. Swelling from the procedure will subside within 48 hours. Ice helps.

• Day 2-4:

The brows will appear 2 shades darker from when you left the clinic and color may seem a little red still. Lips also will appear up to 50% darker/brighter than the final healed result is actually going to be. They may also feel rough and dry.

• Day 6-10: Brows & liner may look very light and patchy at this stage. The pigment will reappear in nearly all cases. Lips may begin to flake

• Day 21-30: Depending on the client, this is the time when you actually start to see the final result. People who heal quickly can see their final color by the 4-5 week mark, while more mature skin and slower healers may have to wait 6-7 weeks to see the color fully bloomed back.

• As the months go by the pigment will appear softer and lighter as it settles under the layers of skin. To protect against fading use a sunscreen, avoid sunbeds and cut down on vitamin C, Glycolic acid.

This information is not intended to alarm you. However, it is imperative that you are informed of the risks involved and that YOU FOLLOW THE STRICT AFTERCARE INSTRUCTIONS.

I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE. I AGREE TO FOLLOW THE AFTERCARE PROCEDURES GIVEN TO ME DURING MY TREATMENT FOR BOTH MY INITIAL AND RETOUCH PROCEDURE.

Date: _____

Client Name (Printed) _____

Client Signature _____



Consultation Form

Personal Information

FULL NAME _____

D.O.B. _____ AGE: _____ PHONE#: _____

ADDRESS: _____

In order for Spot On Beauty to complete your procedure in a safe manner, please answer the following health questions truthfully. We will keep all information disclosed in a confidential manner and will use it only for purposes of determining whether you are an ideal candidate for this procedure.

Is it your first permanent makeup experience?

Yes No

If no, what kind of permanent makeup have you had?

Microblading Eyeliner Lip blushing

How did you hear about us?

Are you currently wearing lash extensions of any kind?

Yes No

MEDICAL INFORMATION

Have you taken any of the following in the last 2 days; Aspirin, Ibuprofen, Coumadin, Alcohol?

No Yes *Specify*

Have you received chemotherapy or radiation treatment in the last year? When?

No Yes *Specify*

List any medications you have been taking in the last 6 months

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CONTRAINDICATIONS: *circle if applicable*

Liver disease – high risk of infection

Pregnancy/Nursing

Compromised skin near brow/eye area

Chemotherapy/Radiation

Skin conditions like psoriasis, dermatitis, active herpes outbreak, etc. near the brow/eye area

Retinoid/AHA/BHA within last two weeks

Blood-thinning medications/substances or plasma donation within 7 days

Lash extensions (permanent eyeliner only)

Have you ever had an allergic reaction to any of the following (please circle):

- Latex
- Vaseline
- Lidocaine
- Foods
- Metals
- Lanolin
- Medication
- Paints
- Crayons
- Hair Dyes

List all applicable allergies & reactions:

.....
.....



Have you or have you ever had any of the following? Circle all of the following that apply:

- | | |
|--------------------------------------|--|
| Abnormal Heart Condition | Cold Sores (herpes simplex) |
| Mitral Valve Prolapse | Heart Murmur |
| Rheumatic Fever | Artificial Heart Valves |
| Pacemaker | Anemia |
| Haemophilia | Prolonged Bleeding |
| Diabetes | High Blood Pressure |
| Epilepsy | Low Blood Pressure |
| Fainting Spells or Dizziness | Circulatory Problems |
| Thyroid Disturbances | Liver Disease |
| Glaucoma | Kidney Disease |
| Stomach Ulcers | Tumors, Growths or Cysts |
| Cancer | HIV |
| Tuberculosis | Prosthetic Hip or Joint |
| Stroke | Cataracts |
| Palpitations | Blurred Vision |
| Hepatitis | Dry Eyes |
| Pregnant or Nursing in the 12 months | Eye Infection present |
| Alopecia | Watery Eyes |
| Recent Hair Loss | Contact Lenses |
| Chapped Lips | Eyelid Surgery |
| Trichotillomania | Date of last eyelash/ eyebrow tint:
..... |

What would you like to improve about your eyebrows and/or lash line? Consider shape, color, density, thickness...

.....

Please read the following statements carefully. Permanent makeup is a cosmetic tattoo. On rare occasions, the pigment may migrate under the skin. Permanent makeup tattoos may be uncomfortable and/or painful.

Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. **Permanent cosmetics cannot be performed if you are pregnant or nursing, or on anyone under the age of 18.** Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after your procedure, you should notify/discuss your permanent makeup procedure with your doctor. Possible scarring may occur.

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

Date:

Client Name (Printed) _____

Client Signature _____



SPOT ON BEAUTY

Informed Consent Form

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 pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

_____ I hereby authorize Spot on Beauty to perform upon myself the following procedure(s)_____.

_____ If any unforeseen condition arises in the course of this procedure(s), I authorize the artist to do whatever they deem necessary in that circumstance to achieve the desired result. I understand that I will be informed of any changes to the procedure prior to them being completed.

_____ I accept responsibility for approving the color, shape and position of the permanent cosmetic procedure during the course of my consultation.

_____ I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment.

_____ Spot On Beauty does not accept responsibility if the treatment area does not numb. Each individual is different.

_____ I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over a period of 1-3 years. Waiting longer than this for a color refresh may result in a higher price.

_____ **Eyeliner procedures:** You will be asked to keep your eyes closed throughout the numbing period. If for some reason the anesthetic gets into the eye, you must advise your technician at once. It is not harmful to the eye although you will experience some stinging and slight discomfort. The cream will be removed, and your eyes will be immediately flushed with a sterile saline solution. It is then safe for the technician to reapply the anesthetic. NOTE: If you experience stinging in the eyes and do not inform your technician immediately, the anesthetic may numb the eyeball, and a possible corneal abrasion may occur. This can result in a temporary streaming and light sensitivity of the eyes. You may be unable to open your eyes and each time you blink it may be painful, and temporary blurry vision may occur. Corneal abrasion, however, is rare.

_____ I have been informed that the highest standards of hygiene have been met and that sterile disposable needles and pigment containers are used for each individual client, procedure and visit.

_____ I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed during the first procedure. I understand that this is why I will need to return for a retouch procedure and that my follow up appointment should be made right away.



_____ I understand that a retouch procedure will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any further work. I understand that it is my responsibility to book the appointment at a time convenient for both parties.

_____ The result of the procedure is determined by the following: Medication, Skin Characteristics - (dry, oily, sun-damaged and thickness), Natural skin undertones - (blending with chosen pigment), Personal pH balance of skin, which changes from visit to visit, Alcohol intake and smoking, adhering to Post Procedure care treatment.

_____ Upon completion of the procedure there may be swelling and redness of the skin, which will subside between 1-4 days. In some cases bruising may occur. You may resume normal activities immediately following the procedure however, using cosmetics, excessive perspiration, steamy showers and exposure of the sun to the affected area must be limited.

_____ I have been advised that the true color will be seen within 1 month after each procedure, and that the pigment may vary in color according to skin tones, skin type, age and skin conditions. I understand that some skins accept pigment more readily than others and no guarantee to an exact effect or color can be given.

_____ **Lip Procedures:** I am aware that the lip procedures may stimulate any dormant virus such as herpes (cold sores). I am informed that eye procedures may stimulate dormant eye disorders or eye infections, and that some medication can prevent absorption of the pigment.

_____ I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the artist. I confirm that I have received copies of all the relevant aftercare instructions.

_____ Being of sound mind and body, I hereby release any and all liability of Spot On Beauty. I accept any and all responsibility myself for any consequence that might stem from my decision to have any permanent cosmetics procedure performed.

_____ For the purpose of documentation, I also consent to the taking of “before” and “after” photographs of said procedure(s) for record purposes and for use in presentation portfolios and social media.

_____ I understand that there are no refunds.

I certify that I have read and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and or other complications which may arise or result during or following the permanent cosmetic/ tattoo procedures which is to be performed at my request according to this consent and procedure permit

To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time. I am over 18 years of age. I am not pregnant. I am not under the influence of drugs or alcohol.

Signing below confirms I have read and understand the above information and have answered all questions to the best of my ability:

Client Name/ Signature

Date

.....

APPOINTMENT CANCELLATION POLICY



Dear Client,

We strive to render excellent care to you and the rest of our clients. Your care and treatment are our top priority. We also ask that you respect your artist's time and expertise as well.

In an attempt to be consistent with this, we have a Cancellation Policy that allows us to schedule appointments for our clients, with respect for your time, the next client's time, and the artist's time.

Our policy is as follows:

We request that you give a notice **no later than 24 hours** prior your scheduled appointment in the event that you can not make it. If the client misses an appointment without contacting us, it is considered a missed or "No Show" appointment. Additionally, if a client is more than 15 minutes late for an appointment, it will be considered as " No Show" appointment, and that appointment will be rescheduled. If an appointment is missed, we reserve the right to charge you a fee up to \$100.00.

A nonrefundable deposit will be paid at time your appointment is made and will go toward the overall cost of your procedure(s).

If you have questions regarding this policy, please let us know, and we will be happy to clarify or answer any questions.

I have read and understand the Appointment Cancellation Policy, and I agree to be bound by its terms. I am aware that my credit card will be charged in the event of a missed appointment, and I agree to this term.

I, _____, have received the copy of Cancellation Policy.

Date: _____

Client Name (Printed) _____

Client Signature _____



COVID-19 LIABILITY RELEASE WAIVER

SPOT ON BEAUTY

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE TREATMENT

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Spot on Beauty complies with.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I confirm and agree to the following:

- I, nor members of my household, have not experienced any of the symptoms listed above, or any symptoms associated with COVID-19 within the last 14 days.
- I, nor members of my household, have not travelled internationally in the last 30 days.
- I, nor members of my household, do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).
- I, nor members of my household, have not been diagnosed with the Coronavirus (COVID-19) within the last 30 days.
- Spot On Beauty cannot be held liable from any exposure to the Coronavirus (COVID-19) caused by misinformation on this form or the health history provided by each client.
- I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of these services that I have an elevated risk of contracting the virus simply by being in this establishment.

To prevent the spread of the contagious virus and to help protect each other, I understand that I must follow the establishment's guidelines:

- Reschedule appointment if you are feeling unwell.
- Only 1 additional guest is allowed; provided they have not been exposed and can answer no to the questions above.
- Wearing a mask is required when mandated by local authorities or if asked by your artist. Masks must be worn upon arrival and during the entire procedure when required.
- Wash hands upon arrival.

By signing below, I confirm each statement above. I release Spot On Beauty and its employees from any and all liability for the unintentional exposure or harm due to Covid-19 and other communicable conditions if my answers prove untruthful.

Date: _____

Client Name (Printed) _____

Client Signature _____