

VICKI HENKE MICROBLADING PERMANENT COSMETICS

FARMINGTON NM/DURANGO CO/ALBUQUERQUE NM

MICROBLADING/MANUAL PERMANENT MAKEUP
TREATMENT BEFORE & AFTER CARE INSTRUCTIONS

What to expect in the healing process for all brow enhancement/permanent makeup procedures.

- ❖ WHILE YOUR SKIN HEALS, 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. This is normal and an expected result of the application and healing process. The healing process will take a number of days to complete, depending on how quickly the outer layer of your skin exfoliates and new skin regrows to take its place. _____ **Initial**
- ❖ Color will appear darker and bolder after the procedure. Your color will oxidize and darken over the first few days. The color CAN AND WILL fade/soften anywhere from 10% to 50% or more. _____ **Initial**
- ❖ Some residual swelling is normal for ALL procedures. Swelling and healing time is individualized. It can be minimal on clients. Every client is different. Blanching (whiteness around the treatment area) and redness is to be expected and can vary from client to client. It can last a few hours to a few days. _____ **Initial**
- ❖ The area may appear uneven, dry, itchy, tender, red & irritated. This is all 100% normal. DO NOT PICK! These symptoms will dissipate each day and vary on an individual basis. _____ **Initial**
- ❖ Picking can lift color and pigment from the treated area resulting in unevenness and blank spots. Let the brows flake off naturally. _____ **Initial**
- ❖ Your brows may not exfoliate evenly. Please do not pick at the scabs. During the exfoliation process your color may look weak, orangey, pinkish, or grey. This will not be your final result. It takes a full 6 weeks or more for your true color to surface. Please be patient and wait until you are fully healed before you critique your eyebrows. Any refinements can be addressed at a follow up visit. _____ **Initial**
- ❖ Healing is specific to each client. It is important to realize that you will need a color boost every 2 years to maintain its fresh natural appearance. Fading WILL happen after each procedure. We do not have control over your body's healing process. _____ **Initial**
- ❖ Everyone's genetics, physiological makeup, and lifestyle will affect the treatment in various unique ways. You may need still to powder and/or pencil your eyebrows even after the healed results. This is an *enhancement* to your natural brows.....not a permanent one. _____ **Initial**

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- ❖ If you are out in the sun a lot, have oily skin, use anti-aging creams, Retin-A/Retinol products, acidic cleansers, natural elements, regular chemical peels, or exercise frequently, your permanent makeup WILL fade prematurely. Smoking WILL cause the pigment to fade prematurely and anesthetics will not last as long. The better you take care of the treated area and follow the provided aftercare, the longer it will last. _____ **Initial**
- ❖ Remember that no two sides of the face are the same or perfectly symmetrical. While trying to obtain perfect symmetry is our goal, note that nothing is PERFECT. _____ **Initial**
- ❖ When you leave the studio your shaded eyebrows and/or your hair strokes are intact. Remember your technician will do their best to help you heal properly; but lifestyle, genetics, age, and certain environmental factors can/will contribute to the retention of your eyebrows. _____ **Initial**
- ❖ It is very common to have areas fade more so than others. This is part of the healing process and it may be treated at the recommended touch up appointment. Previously done eyebrows make take 1-3 treatments to achieve the desired result. Scar tissue in the brow area of the eyebrows done multiple times WILL require additional procedures and fees will apply. _____ **Initial**
- ❖ Permanent Makeup is an art, NOT a science. All clients' results will vary. The use of makeup such as a brown pencil or powder may still be needed. This is not a "no maintenance" treatment but a "low maintenance" one. _____ **Initial**
- ❖ If you decide to change your mind and switch to have a powder-filled/ombre/shaded eyebrow procedure after your first hair stroke/microblading procedure and do not want to do hair strokes for your follow up appointment, you will be charged accordingly for the change of service. _____ **Initial**
- ❖ Follow-up visits should be done within 6-8 weeks after your initial treatment. Any additional touch-ups within 4-12 months that require a color boost may require additional fees. WE DO NOT DO FREE TOUCH-UPS after your FOLLOW-UP visit but will price accordingly to your individual needs. _____ **Initial**
- ❖ Follow-Up Visit Fees (Subject to Change)

Within 3 months	\$75-150.00
4 months - 12 months	\$175-425.00
13 months +	Full Price

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BEFORE THE TREATMENT:

- ❖ You have to be off Accutane or any prescribed acne medications for one (1) year.
- ❖ Do not take Aspirin, Fish Oil, Niacin, Vitamin E and/or Ibuprofen or blood thinners, unless medically necessary, 72 hours prior to your procedure. Tylenol is fine.
- ❖ Do not drink coffee, alcohol or energizing drinks on the day before and day of procedure. This will minimize any oozing/bleeding or swelling after the procedure..
- ❖ If you get your eyebrows waxed, threaded, or tinted, please have this done at least 72 hours prior to your scheduled procedure. It is recommended to wait at least 14 days to have them waxed or threaded and 30 days for tinting after the procedure.
- ❖ Do not have any chemical peels, microdermabrasions, mesotherapy, or any other intense treatments which will cause faster skin cell rejuvenating and cause skin irritation 3-4 weeks before procedure.
- ❖ Wash your hair before the procedure.

AFTER THE TREATMENT:

- ❖ Do not get your brows directly wet; water, ocean, pool, sweating or any other liquids for 10 days after the treatment. Even a small drop which seems unimportant may expand the wound/possible infections/excessive scabbing may appear, and you may ruin the results. No sweating (of any kind), gym, yoga, swimming for the 10 days following your procedure. If you work out regularly, results may heal more to a powdered look due to the oils the body produces when it gets heated and sweaty. No sun bathing, tanning beds, sauna, beauty treatments for 30 days, or excessive contact with dirt and dust.
- ❖ Clean the area with a small amount of water on a cotton pad 2-4 times a day for the first day. This will help remove any excess lymph, blood and pigment that may appear after the procedure.
- ❖ Apply a very small amount of coconut or grape seed oil in case of dryness. Make sure your eyebrows are not greasy but just moistened a little so you won't see any residue of the oil.
- ❖ Do not touch the scab in any other case except while cleaning.
- ❖ For post-treatment care use only recommended liquids to clean the brows. WATER ONLY THE FIRST DAY.
- ❖ If skin is oily or sweaty make sure you clean the skin when necessary.

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- ❖ Please do not use any other ointments or creams with vitamins or antibiotics except the ones provided or recommended to you in order to prevent possible infections or allergic reactions during the healing process.
- ❖ Do not use Retinols, AHA's, exfoliating treatments, chemical peels, microdermabrasion, Botox and any other strong treatments for 6-8 weeks after your procedure.
- ❖ Do not use growth enhancement products such as Latisse, Revitabrow, and Grande Lash etc. one month prior and after the treatment has fully healed as it may shift your color.

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CONSENT FOR PERMANENT MAKEUP

EYELINER - EYEBROWS - LIPS TATTOO

Consent Between:

Full Legal Name:		
Address:		
City:	State:	Zip:
Phone: Cell:	Work:	Home:
Birth Date: MO/DAY/Year	Age:	Sex: Male____ Female ____

I, _____, am over the age of 18. I am not under the influence of drugs or alcohol, and desire to have microblading/permanent makeup of the eyebrows/eyeliner/lips performed. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. _____ Initial

VICKI HENKE is obligated to perform procedures in strict compliance with all hygiene and health protection measures. This information is confidential and it shall also be handled in that way.

VICKI HENKE assumes no liability in case of giving false information.

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HEALTH QUESTIONNAIRE

In order to perform the tattoo procedure in a safe manner, please answer the following health questions truthfully.

Do you suffer from the following diseases or are you taking any medications?

Hemophilia	YES	NO	Diabetes Mellitus	YES	NO
Hepatitis A, B, C, D, E	YES	NO	HIV	YES	NO
Skin Diseases	YES	NO	Eczema	YES	NO
Allergies to Medications? Latex? Other?	YES	NO	List them:		
Autoimmune Diseases	YES	NO	Are you prone to Herpes	YES	NO
Infectious Diseases / High Fever	YES	NO	Epilepsy	YES	NO
Cardiovascular Problems	YES	NO	Are you taking medication for blood thinning? Name:	YES	NO
Are you pregnant or nursing?	YES	NO	Did you undergo surgery in the last 14 days?	YES	NO
Do you have a pacemaker?	YES	NO	Do you have problems with healing of wounds?	YES	NO
Have you consumed drugs or alcohol in the last 24 hours?	YES	NO	Were you exposed to radiation or had any other medical interventions?	YES	NO
Are you taking any medications on a daily basis? List them if YES.				YES	NO

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CONTRACTUAL OBLIGATIONS

I agree on photo taking and using the photos for advertising and training purposes. I understand that the taking of before and after photographs of the said procedure is a condition of such procedure.

Yes _____ NO _____

The following risks are specifically explained to the client:

- ❖ 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. _____ **Initial**
- ❖ During the procedure despite the staff expertise and all the precautionary measures, injury is possible. Despite the application of the most advanced and the top quality pigments, allergic reaction is possible but rare. The client is informed about this and he/she assumes liability. _____ **Initial**
- ❖ Note that tattoo inks, dyes, and pigments have not been approved by the Federal Food and Drug Administration and that the health consequences of using these products are unknown. _____ **Initial**
- ❖ During and after the procedure temporary swelling, redness and/or itching may occur. _____ **Initial**
- ❖ Depending on the skin structure after the first treatment, small scabs with a loss of drawn hairs may occur and color intensity may change. _____ **Initial**
- ❖ In the first seven (7) days, eyebrows are up to 40% darker and 10-15% thicker. Color, i.e., color reflection depends on the natural skin pigment. _____ **Initial**
- ❖ The pigment is absorbed differently due to differences in the skin quality, thus there is no warranty for the treatment success. _____ **Initial**
- ❖ The shape is determined according to the face proportions. _____ **Initial**
- ❖ Depending on the skin structure, it should be noted that change in the color intensity is possible and that one or more additional treatments will be required. _____ **Initial**
- ❖ The minimum or maximum duration of microblading or permanent makeup procedures cannot be determined with certainty nor can the warranty be given on performed treatment. _____ **Initial**
- ❖ Any touch-up fees may apply for future appointments if touch-ups are desired. If most of the color has faded then this will not be considered a touch-up and all fees for a new service may apply. Touch-ups are usually performed after 6-8 weeks. For oily skin it may be necessary to perform more corrections. _____ **Initial**
- ❖ Permanent makeup always leads to the skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate care in healing phase of the skin can lead to poor results. VICKI HENKE cannot be liable for it. _____ **Initial**

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In the next 10 days, the client is required to pay attention to the following:

- ❖ Keep your eyebrows dry and clean. After 10 days you may use a gentle soap or non-greasy facial cleanser to keep the eyebrows clean. _____ **Initial**
- ❖ VICKI HENKE is not liable in case of improper post-treatment care. _____ **Initial**
- ❖ ABSOLUTELY NO REFUNDS after any services will be given. _____ **Initial**

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I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE. _____ Initial

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE MENTIONED INFORMATION. _____ Initial

I RECEIVED A CLEAR AND UNDERSTANDABLE RESPONSE TO ALL MY QUESTIONS. _____ Initial

THE TREATMENT PROCEDURE AND POST-TREATMENT CARE WAS EXPLAINED TO ME IN DETAIL AND I AGREE WITH IT. _____ Initial

AFTER CARE INSTRUCTIONS WERE GIVEN TO ME TO TAKE HOME. _____ Initial

I certify that I have read and initialed the above paragraphs and have had explained to my understanding this consent and the procedure process. I accept full responsibility for the decision to have this cosmetic tattoo work done. I have been informed of the nature, risks, and possible complications and consequences 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, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. 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 microblading/permanent makeup procedure and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure. I understand that while this is sometimes referred to as semi-permanent in nature, due to each individual's reaction pigment, the length of time pigment is present cannot be guaranteed. In some cases, pigment will be permanent.

_____ Initial

CLIENT SIGNATURE:

DATE:

VICKI HENKE SIGNATURE:

DATE:

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I have read and understood the risks to this procedure. I have read and understood the aftercare protocols after my treatment and promise to follow the aftercare instructions. If I do not follow the aftercare, I may ruin the results and VICKI HENKE has the right to release me from any future services.

Date:

Client (Printed):

Client (Signature):

Technician Name:
