



Elizaveta Neginskaya Signature Brows and Beauty Studio

Microblading and Permanent Make-Up Pre Care Instructions

Thank you for choosing Elizaveta Neginskaya Signature Brow and Beauty Studio for your Microblading and/or permanent make-up experience.

Please make sure you read the following instructions to assure the best results for your procedure.

It is very important to refrain from all alcohol, aspirin, or aspirin products, such as blood thinners. Please refrain from Ibuprofen and Aleve for **24 hours prior** to your appointment.

The only product for aches and pain that will not make you bleed is Tylenol.

Also refrain from Vitamin E and fish oil capsules for **7 days prior** to your application.

ALL of these make you bleed excessively. Excessive bleeding during the procedure will negatively affect the longevity of your semi-permanent makeup application. In some cases, the application will need to be prematurely stopped.

Please avoid energy drinks & coffee for up to **24 hours prior** to your appointment. Not having caffeine in your system will help you to relax much more easily, as well as help to relax the facial muscles in the areas we will be working on.

Thank you again and we look forward to seeing you. You're one step away from having beautiful brows!!!



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Consent to Application of Semi-Permanent Makeup Procedure

Name: _____ Date: _____

Address: _____

City, State & Zip: _____ Referred by: _____

Phone Number: _____ Email Address: _____

I, _____ am over the age of 18, I am not under the influence of drugs or alcohol. I 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.

PROCEDURE: _____

NO. OF VISITS REQUIRED: _____

COST OF PROCEDURE: _____

I have been informed of the nature, risks, and possible complications or consequences of semi-permanent pigmentation. I understand the semi-permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of procedure, including but not limited to the following: infections, 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 a form of tattooing and therefore not an exact science, but an art. I request the semi-permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of Mircoblading. _____(initial)

There is a possibility of an allergic reaction to the 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 all liabilities 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. _____(initial)

I have received both pre and post care procedural 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 adhere to my doctor's instructions before contemplating any semi-permanent cosmetic procedure around the lips. _____ (initial)

I understand that taking before and after photographs of the said procedure are a condition of the procedure. I give Elizaveta Neginskaya permission to take, publish and reproduce photographs of me, my face, and/or my eye area, both before and/or after the procedure for advertising and other purposes. _____ (initial)

I certify that I have read and initialed the above paragraphs and have had explained to me this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

CLIENT SIGNATURE

DATE



Confidential Medical Profile

Name: _____ Date: _____

Address: _____

City, State & Zip: _____ Referred by: _____

Phone Number: _____ Email Address: _____

To avoid unforeseen complications, please answer Y (yes) or N (no) to the following questions:

- ___ Do you have previous **Permanent Make Up**? If yes when? _____
- ___ Are you over the age of 18? Legal guardian's initials _____
- ___ Have you had **Botox** or injectables? If yes when? _____
- ___ Have you had Aspirin or any blood thinning medications/supplements within the last 7 days?
- ___ Do you take Antidepressants or mood altering medication?
- ___ Have you had chemical or laser peel? If so when? _____
- ___ Do you have any problems with healing?
- ___ Do you get fever blisters or cold sores?
- ___ Are you currently undergoing radiation or chemotherapy?
- ___ Are you currently using Retin-A or Alpha Hydroxyl skin care products?
- ___ Do you wear contact lenses?
- ___ Have you had caffeine products in the last 24 hours?
- ___ Are you taking any medication, including immunosuppressive, such as anti-inflammatory or steroids?
- ___ Are you allergic to topical antibiotic preparation? e.g. Polysporin, Bacitracin, Neosporin, or Caine family of drugs or Petroleum based products (Vaseline)?
- ___ Is there any history of skin diseases or remarkable skin sensitivities?
- ___ Are you pregnant or nursing?
- ___ Are you presently taking Vitamins A, E or fish oil in any form?
- ___ Are you required to take antibiotics during dental or invasive medical procedures?
- ___ Do you have any heart conditions?
- ___ Do you have Alopecia?
- ___ Are you currently on Accutane Treatment?
- ___ Do you have Keloid or Hypertrophy Scars?
- ___ Do you have Hepatitis?
- ___ Do you have Diabetes?
- ___ Any tendency to bleed excessively from minor cuts?
- ___ Do you have Epilepsy/ Seizures of any kind?
- ___ Do you have any Autoimmune Disorders?
- ___ Do you currently or have you had Cancer? If yes please explain _____
- ___ Do you have HIV?

Please list any other medical conditions, and list all _____

Doctor's Name and Number _____

Client Signature _____ Date _____



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Microblading and Permanent Make-up Cancellation Policy

The initial deposit of **\$100.00**, is non-refundable.

If you need to reschedule your appointment, a 48 hours notices is required. Failure to notify Elizaveta Neginskaya Signature Brow and Beauty Studio will result in a loss of deposit.

If a medical emergency arises, you must provide the proper medical documentation.

By signing this agreement, you acknowledge that you have read, understood and agree to all terms above.

Name: _____

Signature: _____ **Date:** _____

By: *Elizaveta Neginskaya*



Post Procedural Care for Eyebrows

DAY 1: Do not wash the eyebrow area for the first 24 hours. Keep area free of other ointments and make-up.

DAY 2-7: Keep eyebrows lightly glossed with the Skin Candy for three to four times a day for the next **7 days**. Do not over use ointment. It should last you for 7 days, only apply very thin layer. Do not suffocate your eyebrows.

1. Do not use any Retin-A, Glycolic Acids, Peroxide, Neosporin while healing
2. Do not scrub or pick your eyebrows.
3. Do not expose area to sun or tanning beds! Must use hat if in the sun.
4. Avoid any facials ,swimming, whirlpools or sauna for 7 days.
5. Do not exercise the first 3-5 days. No heavy sweating !
6. No make-up on the eyebrows!
7. Do not tint eyebrows for the next 10 days.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN LOSS OF PIGMENTS.

WHAT TO EXPECT AFTER MICROBLADING OR EYEBROW SHADING PROCEDURES:

1. Slight swelling, thickness, and/or redness for one or two days following the procedure.
2. It is normal to lose approximately 1/3 of the color during the healing process.
3. After the initial procedure, the color may be a shade too dark; in six days it will appear to light after 10 days the color will show more.
4. It will appear softer when completely healed because the color will come from dermal layer of the skin to the epidermal layer of the skin.
5. Please be patient. Healing takes up to 30 days. In your next appointment more hairs can be added and make them perfect.

The brows are approximately 20 to 25% darker and bolder in the width than they will be when healed. Your skin is red under the pigment which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the eyebrow procedure to flake away and a narrower appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size then you desire. This is all part of the process.

By signing this agreement, you comply with these terms.
Please do not hesitate to contact us if you have any questions about the post procedural care.

Name: _____

Signature: _____ **Date:** _____

By: *Elizaveta Neginskaya*