

Disclosure & Consent for Tattoo/Dermal Procedures

I, _____ have requested that you describe the procedure(s) so that I may make an informed decision whether or not to undergo the procedure(s).

I may have been told that the procedure(s) may be called micropigment implantation, cosmetic tattooing, or permanent makeup. It is the process of implanting micro insertions of pigment into the dermal layer of skin, and it is a form of tattooing. I have been informed about this procedure(s) and voluntarily allow Janet Almendinger to perform the following procedure(s):

Top Eyeliner ___ Lower Eyeliner ___ Mucosal Eyeliner ___ Eyebrow ___ Full Lip Color ___ Lip Liner ___
Microblade Eyebrows ___ Other: _____

PLEASE READ AND INITIAL:

_____ The technician shall not perform procedure(s) if the client fails to complete or sign the disclosure authorization form and the technician may decline to perform procedure(s) if the client has any identified health conditions.

Initial one of the following:

_____ I have informed Aric Ashley Salon that I am in good health and I am not under the care of a physician.

_____ I have informed Aric Ashley Salon that I am currently under the care of a physician and I am being treated for the following condition(s):

_____ I hereby authorize Aric Ashley Salon/Janet Almendinger to take photos of the work performed before and after treatment to be stored in my file.(Required)

Initial one of the following:

_____ I give my permission for the photos taken to be used in advertising and marketing used by Aric Ashley Salon.

_____ I decline my permission to allow the photos to be used in advertising and marketing used by Aric Ashley Salon.

_____ I acknowledge the manufacturer of the pigment to be applied required spot testing and specifically disclaims any responsibility for any adverse reaction to the applied pigments. I understand that spot testing may identify individuals who develop an immediate reaction to pigment, however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment.

_____ I agree to (circle one) **RECEIVE / WAIVE** a spot test prior to application and I must wait 3 weeks before the procedure(s) can be done. I agree to release Aric Ashley Salon, technicians, assistants, and pigment manufacturer(s) from any and all liability to allergic reaction or any other reaction to applied pigments.

_____ I have been told that allergic reactions to pigments are very rare, however, they do occur, and when they do occur they can be serious and difficult to treat.

_____ I understand permanent cosmetics are a tattoo, are permanent, and can leave scarring. It can be removed surgically, which will leave scarring.

X

SIGNATURE

X

DATE

I understand that this procedure(s) will involved pain and discomfort for some people.

 I understand the markings are permanent and that there is a possibility of hyperpigmentation resulting from the procedure(s) especially in individuals prone to hyperpigmentations from scars or other injury.

 I understand that a follow up procedure may be required.

 I understand that there is a chance that I may experience a corneal abrasion with eyeliner.

 Other risks involved with the procedure may include but is not limited to: Infections, Allergic and other reactions to applied pigments and products applied during and after the procedure, fanning or spreading of pigment (pigment migration,) fading of color, and other unknown risks.

 I accept full responsibility for any and all present and future medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any unknown reason associated with the procedure planned for me.

 I have been given an opportunity to ask questions about the procedure(s), the products to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

 I have agreed that should I have a complaint of any kind what-so-ever, I shall immediately notify Aric Ashley Salon. I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and Aric Ashley Salon or the breach thereof, shall be settled by arbitration in the state of Minnesota, in accordance with the Rule of the American Arbitration Association and judgement of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

 I understand that if I have an infection, adverse reaction, or allergic reaction to the procedure I must notify Aric Ashley Salon, a healthcare practitioner, and the Minnesota Department of Health.

 I certify that this form has been fully explained to me, and I have either read it or had it read to me and that I understand its contents.

 I will receive a copy of the post-procedure instructions and they will be explained to me after the procedure has been done upon me.

X _____ X
SIGNATURE DATE

MEDICAL HISTORY FORM

TODAY'S DATE: _____ BIRTH DATE: _____
NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE# _____ EMAIL _____

To Avoid Unforeseen Complications, Please Answer The Following Questions:

- Are you allergic to any metal? yes no
- Have you had any aspirin or blood thinners in the past week? yes no
- Have you ever had any semi-permanent makeup procedures before? yes no
- Any mood altering drugs within the last 8 hours? yes no
- Are you on any immunosuppressive medications such anti-inflammatories or steroids?
yes no
- Do you have a history of cold sores, herpes, or fever blisters? yes no
- Are you allergic to topical antibiotic preparations or desensitizers? yes no
- Are you sensitive/allergic to latex? yes no
- Is there any history of skin diseases or remarkable skin sensitivities? yes no
- Have you had a chemical peel or laser? yes no
- If so, when? _____
- Are you currently taking any vitamins a or e in any form? yes no
- Do you have problems healing? yes no
- Are you pregnant or nursing? yes no
- Are you currently undergoing radiation or chemotherapy? yes no
- Are you required to take antibiotics during dental or invasive medical procedures?
yes no
- Are you currently using any retin-a or alpha-hydrox, Glycolic acid or Acutane skin care
products? yes no
- Do you wear contact lenses? (if yes i understand they must be removed during my
eyeliner procedure and should not be replaced until the next day) yes no
- Previous problems with tattoos or has your physician advised you not to have a tattoo at
this time? yes no
- Are you now or been under the care of a physician for a serious medical issue yes no
- Person to contact in an emergency _____

Phone _____ Relationship _____

List any other medical conditions or issues not addressed above/or below:

Primary Physician's Name _____
Primary Physician's Phone Number: _____

Please Circle Any Of The Following Which May Pertain To You:

Heart Conditions	Refractive Eye Surgery	Hepatitis/ Jaundice Hiv
Allergies To any makeup, food, drug, dyes	Glaucoma	Kidney Disease
Accutane Treatment	Trichotillomania	Tendency To Develop Fever Blisters On The Lip
Dry Eyes	Keloid/Hypertrophy Of Scars	Ocular Herpes
Diabetes	Epilepsy/Seizures	Hyperpigmentation
Stroke	Shortness Of Breath	Hypopigmentation
Chest Pains	Autoimmune Disorder	Tendency To Bleed Excessively From Minor Injuries
Alopecia	Cancer (Any)	

Please read and initial:

I acknowledge by signing this that I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo from my artist and that all my questions have been answered to my full full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matter set forth below, and by initialing I agree as follows:

_____ I acknowledge that it is not possible for my technician to determine whether I might have an allergic reaction to the dyes pigments or process used to do the tattoo. And, I agree to accept the risk that such a reaction is possible

_____ I acknowledge that infection is always possible, particularly in the event that I do not take care of my tattoo. If I see signs of infection I will see a physician.

_____ I acknowledge the receipt of written Aftercare advising me of the proper care of my tattoo, and I recognized the absolute necessity for following these instructions.

_____ I acknowledge that a tattoo is considered permanent and that it can only be removed by a surgical procedure, that any removal may leave permanent scarring and disfigurement.

_____ I acknowledge that I am not under the influence of drugs or alcohol, or any intoxicating substance at the time of the procedure.

_____ I agree to release and forever discharge and hold harmless my technician, and the studio in which my tattoo was applied from any, and all claims, damages, or legal actions arising from or connected in any way with my tattoo, or the procedure and conduct used to apply my tattoo.

Artist: Janet Almendinger
MN Tattoo License #312002
Tattoo Location: Aric Ashley Salon- Maplewood Mn
Today's Date: _____

Aric Ashley Salon

651-776-0666

aricashleysalon@msn.com

Aftercare for permanent makeup

(Only sign below if this is your service)

FOR ALL PROCEDURES: Machine done brows, eyeliner, lip, if any infection is seen, please see a Doctor and notify your technician as soon as possible.

MUST DO FOR 7-10 DAYS

DO wash area with gentle soap and water AM and PM, rinse, dry, and apply vitamin E oil sparingly. If area is dry, re-apply vitamin E oil. Can use a washcloth after 1st day.

Do NOT rub or pick scabs, allow area to flake off or come off with washcloth, absolutely NO scrubbing, use of cleansers or chemicals until healed. Keep area clean.

DO NOT expose area to full pressure of shower head as this can push pigment out.

DO NOT soak treated area in bath, swimming pool, hot tub, chlorine, salt water, steam rooms or tanning beds or expose area to sun in this healing period.

NO STRENUOUS exercise, cardio, excess sweating, this will cause pigment to expel out.

Use sunblock after healed procedure to keep color from fading, none on eyeliner.

For eyeliner: DO NOT put lash extensions on till 30 days healed, No mascara for 5-7 days or til scabbing is gone. If mascara is less than 30 days old it's fine, if older get new one. NO EYELASH CURLERS for 3 weeks. No lash lifts(perming) 2 weeks before or 30 days after.

Failure to follow after care instructions may cause loss of pigment, discoloration or infection, which could mean multiple touch up procedures. Remember, colors appears brighter and more sharply defined immediately following procedures. As healing progresses, color will soften and swelling will go down. A touch up may be needed final results cannot be determined until healing is complete.

NO EXCEPTIONS TO THIS :PROCEDURES MUST BE AFTER THE 30 DAY HEAL, AND 6 WEEKS FOR LIP PROCEDURES.

Eyeliner swelling: Take 2 lipton tea bags (no other brand) soak in ice water for 10-15 minutes, squeeze out slightly, lay down and place on eyes, put a ice cube on each bag and something to soak up dripping and lay for 10-15 minutes and swelling should be down, be careful tea stains everything.

Lip care: On 3rd day after procedures, don't include day of, take soft wash cloth in water and put directly on lips and steam them, when it cools do it 2-3 times more and start gentle circles to exfoliate scabbing, when it stings or hurts quit and rinse and apply vitamin E. you can do this every other day till healed.

- 1 Touch up procedure is included if you paid full price and must be made 30-60 days following procedure(s) (If you received a promotional rate for this service you will be charged \$100 for a touch up unless otherwise notified)
- Touch ups 61-119 days is \$100 after 120 days fee is the full price of service.
- Microblading touch up is full price after 60 days no grace period
- Must wait 4-6 weeks for healing

I Agree to terms and aftercare _____

(Machine brow, eyeliner or lips) _____ Date of service _____

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Microblading Aftercare Instructions

(Only sign below if this is your service)

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It is very important that you do not let any water, lotion, soap, or makeup touch your eyebrow area during the first 7 days after your procedure.

Clean with a damp cotton swab after procedure if any fluids release, do not rub just swipe.

After 5-7 days, make sure your hands are completely clean and gently apply the postcare ointment (A&D ointment) with clean hands. This can be done once at night time, but be sure to use the ointment sparingly as your skin needs to heal itself. Please continue to apply the ointment for 7 days.

The following **must be avoided** during all 14 days post-microblading procedure:

- Increased sweating
- Practicing sports
- Swimming
- Hot sauna, hot bath, or Jacuzzi
- Sun tanning or salon tanning
- UV/UVA Rays or chemicals as they have been known to cause a shift in color and premature fading
- Any laser or chemical treatments or peelings, and/or any creams containing Retin-A or Glycolic acid on the face or neck
- Picking, peeling, or scratching of the micro pigmented area in order to avoid scarring of the area or removal of the pigment
- Performing tasks related to heavy household cleaning such as garage or basement cleaning where there is a lot of airborne debris
- Drinking alcohol in excess, as it may lead to slow healing of wounds
- Driving in open air vehicles such as convertibles, boats, bicycles, or motorcycles
- Touching of the eyebrow area except for when rinsing and applying the post-care cream with a cotton swab
- Please wash your face carefully around the eyebrow without getting water on the treated area. During the shower, keep your face away from the showerhead or take a bath. You can apply a very small amount of vaseline over brows to protect them and wipe off when done showering.
- Itching and flaking may appear during the first seven days post-microblading procedure. However, experience has shown that by following these after-care instructions, these symptoms may quickly disappear.

If you have any unexpected problems with the healing of the skin, please contact Aric Ashley Salon immediately, to discuss further instructions.

CONTACT A PHYSICIAN IF ANY SIGNS OR SYMPTOMS DEVELOP SUCH AS THE FOLLOWING: FEVER, REDNESS AT THE SITE, SWELLING, TENDERNESS OF THE PROCEDURE SITE, ELEVATED BODY TEMPERATURE, RED STREAKS GOING FROM THE PROCEDURE SITE TOWARDS THE HEART, AND/OR ANY GREEN/YELLOW DISCHARGE THAT IS FOUL IN ODOR.

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Microblading Aftercare Instructions

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What to Expect During and After Your Microblading Session

Entire healing process will take from 4-6 weeks depending on your body regeneration and age. Your new temporary eyebrows will go through several phases during the healing cycle.

The pigment will appear very natural looking immediately after the procedure. The color of the pigment will appear much darker the next day.

Note that because of natural skin regeneration, after recovery period (peeling), brows might appear lighter than original. This might give you the impression that color is fading too quickly. Often even with proper care, customer develop bald spots or lose original hair stroke which make brows look uneven. It is absolutely normal. That's is the reason why most customers need a touchup after 6 weeks.

Once the healing of the skin starts taking place, it will look like dandruff flakes or dry skin. However, this is just superficial color and dry skin being naturally removed from your eyebrows. The final look of your eyebrows will be apparent approximately 30 days after your procedure.

Never rub the treated area as it will disturb the skin from natural healing.

Once completely healed, always apply a layer of sunscreen SPF 30 up to SPF 50 on your eyebrows when exposed to the sun. Sun exposure might cause the color pigment to fade away more quickly. When using foundation, be aware when applying to avoid your healed eyebrows. If foundation covers healed brows, your eyebrows will appear lighter. You can now enjoy your beautiful new semi-permanent eyebrows. You will simply love your new gorgeous fresh look!

- Must wait 6 weeks for a microblading touch up.
- 1 Touch up procedure is included if you paid full price and must be made 30-60 days following procedure(s) (If you received a promotional rate for this service you will be charged \$100 for a touch up unless otherwise notified)
- Microblading touch up is full price after 60 days no grace period

I Agree to terms and aftercare _____ (Microblading)

Date of service _____