

Spa Retreat Cary

Permanent Makeup Consent

CONTRAINDICATIONS - MAY REQUIRE MEDICAL CLEARANCE PRIOR TO TREATMENT:

- Coumadin or Heparin, bleeding or clotting disorders
- Pregnant or lactating
- Active cold sores, open wounds, sunburn, dermatitis, or warts
- Accutane in the last 6 months
- Retin-A, Renova, Vitamin A derivative within 2 weeks of treatment
- Excessively sensitive skin or inflammatory rosacea
- Glaucoma
- History of allergies (especially allergies to salicylates like aspirin), rashes, or other skin reactions, or those who may be sensitive to any of the components in this treatment
- Chemotherapy or radiation therapy within the past 6 months
- Easily triggered post inflammatory hyperpigmentation

Inform your technician if you have any history of herpes simplex or skin cancer.

PRE-TREATMENT PREPARATIONS:

Avoid for **2 weeks** prior to treatment:

- Chemical Peels or Dermabrasions
- Tanning beds, sprays, or creams
- Waxing, electrolysis
- Depilatory or bleaching creams
- Laser Treatments
- Injections in treatment area
- Retin-A, Renova, Vitamin A derivative

Avoid for **1 week** prior to treatment:

- NSAIDS, Vitamin E, Aspirin
- Any products containing retinol, alpha hydroxy acid (AHA) or beta hydroxy acid (BHA), benzoyl peroxide, or physical exfoliants

POST-TREATMENT CARE INSTRUCTIONS:

Within **24 hours** of Treatment:

- Apply A&D ointment, with sanitary cotton swabs, as needed
- Clients prone to cold sores or herpes should use Zovirax or Valtrex as prescribed from their physician
- Use ice packs as needed
- Wash your hands prior to touching the treated area

Avoid for **1 week** post treatment:

- Mascara, eyeliner, brow pencil, lipliner, lipgloss or lipstick (as applicable) in area of treatment
- Spicy foods (for lip procedures only)
- Injections or Laser Treatments in treatment area
- Retin-A, Renova, Vitamin A derivative
- Depilatory or bleaching creams

Immediately alert Spa Retreat Cary if any complication develops after your procedure

Please Initial:

_____ I have received a take-home copy of the **post-treatment care instructions** and have had the opportunity to review these instructions with my technician. I understand and agree to follow post-treatment care instructions, and will contact Spa Retreat immediately if complications arise.

_____ I understand I am receiving a tattoo or microblading procedure

_____ I understand touch-ups are needed and one complimentary touch-up treatment is included with my initial purchase. Any additional touch-ups within 2 years will require an additional fee. After 2 years, any applications to the same area will be considered a new service.

_____ I have personally chosen my color and design for this procedure, and any suggestion or direction from my technician will not overrule my personal decision and ultimate outcome.

_____ I understand the color will appear darker at first and lighten over time.

_____ I will not pick, scrub, or peel the skin in the area of treatment, and understand the healing process is extremely important to my final result.

_____ Colors chosen can look different on different skin types and underlying skin pigment can affect the final visual result. Colors will heal at least 50% lighter than the day of the application.

_____ I understand results vary and Spa Retreat Cary cannot guarantee the final outcome of my procedure, and realistic expectations have been established.

_____ I have provided accurate and complete information regarding my medical history and have disclosed any potential contraindications as listed above prior to treatment.

_____ I understand corneal abrasion is a rare, and typically not serious, complication of permanent makeup, and should it occur during treatment, I will be taken to an Optometrist for treatment. To be safe, all corneal abrasion concerns will be treated by an Optometrist.

_____ I understand complications are rare but could occur during or after the procedure, and accept the potential risks. I hereby release Spa Retreat Cary and its affiliated entities from all claims and liabilities associated with the above indicated procedure.

As a client of Spa Retreat Cary my questions and concerns have been addressed and answered to my satisfaction. I have read and understand all items listed above. My signature below serves as my consent to receive treatment at Spa Retreat Cary.

Print Name:

Signature:

Date:

I, the undersigned licensed professional, hereby certify that I have reviewed the foregoing treatment consent and provided the opportunity for questions and concerns with the named client (including the risks of and alternatives to treatment) on or prior to the first date of treatment.

Signature: _____ Date: _____