

CONSULTATION FORM

GENERAL INFORMATION

Full Name _____ DOB _____ Age _____
Address _____
Phone Number _____ Email _____

PERSONAL HEALTH HISTORY

Is this the first time receiving permanent makeup? Yes No

If no, when/where was your last treatment _____

Please indicate any of the following treatments you have had in the past year:

- | | | |
|---|---|--------------------------------------|
| <input type="radio"/> Skin grafts | <input type="radio"/> Laser resurfacing | <input type="radio"/> Alpha hydroxyl |
| <input type="radio"/> Hair removal procedures | <input type="radio"/> Chemical Peel | <input type="radio"/> RetinA |
| <input type="radio"/> Botox | <input type="radio"/> AHA/BHA | <input type="radio"/> Other |

When was your last treatment? _____

Please list your skin type:

- | | |
|----------------------------|-----------------------------------|
| <input type="radio"/> Dry | <input type="radio"/> Combination |
| <input type="radio"/> Oily | <input type="radio"/> Normal |

Do you have a history of any of the following medical conditions:

- | | | |
|---|---|---|
| <input type="radio"/> Alcoholism | <input type="radio"/> Epilepsy | <input type="radio"/> HIV Positive |
| <input type="radio"/> Alopecia | <input type="radio"/> Eczema | <input type="radio"/> Keloid Scarring |
| <input type="radio"/> Autoimmune Disorder | <input type="radio"/> Fainting Episodes | <input type="radio"/> Liver Disease |
| <input type="radio"/> Blisters/Herpes Simplex | <input type="radio"/> Fever | <input type="radio"/> MRSA |
| <input type="radio"/> Bleeding Disorders | <input type="radio"/> Forehead/Brow Lift | <input type="radio"/> Organ Transplant |
| <input type="radio"/> Cancer | <input type="radio"/> Face Lift | <input type="radio"/> Shingles |
| <input type="radio"/> Chemotherapy/Radiation | <input type="radio"/> Haemophilia | <input type="radio"/> Skin Conditions |
| <input type="radio"/> Diabetes | <input type="radio"/> Heart Condition | <input type="radio"/> Thyroid Issues |
| <input type="radio"/> Dermatitis | <input type="radio"/> Hepatitis (A,B,C,D) | <input type="radio"/> Tumours, Growths or Cysts |
| <input type="radio"/> Easy Bleeding | <input type="radio"/> High Blood Pressure | <input type="radio"/> Other |

If other, please detail _____

When was your last treatment? _____

Have you had any allergic reactions to any of the following?

- | | | |
|--|----------------------------------|----------------------------|
| <input type="radio"/> Lidocaine (Anesthetic) | <input type="radio"/> Iron Oxide | <input type="radio"/> Eggs |
|--|----------------------------------|----------------------------|

Are you currently pregnant or nursing? Yes No

Do you have any allergies? Yes No

If 'Yes', please list here _____

Are you currently taking any medications including blood thinners? Yes No

If 'Yes', please list here _____

Do you use tanning beds or spend regular time in the sun? Yes No

Have you ever had any adverse reactions to any previous treatments? Yes No

If 'Yes', please state what kind of reaction you had

Have you exfoliated or applied any products to your body in the last 24 hours? Yes No

If 'Yes', please state what products you used

Please list below any prescription or over the counter medication you are currently taking.

Certain conditions may affect how appropriate the treatment is.

Please declare all relevant history as some conditions contraindicate the treatment.

Client Signature _____ Date _____

Technician Signature _____ Date _____

Technician Name _____
(Print Name)

Statement from the County:

'Gwinnett County Board of Health makes no guarantee there will be no injury due to the
aforementioned procedure being performed. Furthermore, Gwinnett County Board of Health
assumes no liability for any injury which may occur'.

CLIENT INFORMED CONSENT FORM

Permanent Makeup or Cosmetic Tattooing is a technique that applies permanent pigment into the dermis (skin) that allows a desired look to be achieved that resembles makeup. It can also be used to hide scars or help with an uneven hairline. This is performed under a sterile environment

Permanent makeup uses iron oxides that pigments the skin. This pigmentation can last between 1-3 years. The pigment will gradually fade over time, however for most people it will not fade completely. 'Touch ups' of permanent makeup are advised usually after 1 year in order to maintain desired results.

With every treatment there are risks involved. It is important that you understand the risks prior to undergoing treatment. Ensuring you provide a full medical history can reduce these risks but even so there may be unforeseen risks that are presented. If you have any concerns regarding these risks, do not hesitate to contact your Healthcare Professional.

RISKS AND COMPLICATIONS

- Temporary Pain
- Peeling
- Swelling
- Redness
- Bruising
- Scarring
- Scabbing
- Numbness
- Infection
- Swelling
- Bleeding
- Allergic Reaction
- Anaphalaxis

CONSENT

Please initial:

____ During the treatment, despite all the precautionary measures made by the Practitioner, injury is possible. I will not hold the Practitioner performing this service on me responsible in any issues that may arise because of having the procedure performed on me.

____ I understand that there are risks associated with Permanent Makeup, if any sort of reaction occurs I will seek medical attention and inform my Practitioner.

____ I understand that the color/outcome may not turn out as desired due to the undertone and health of my skin and that individual results will vary on each individual.

____ It is my responsibility to advise the Technician of any concerns I may have before the procedure.

____ I understand and agree to the aftercare instructions provided by my Technician. By not following the aftercare instructions I am aware that the desired results may not be achieved.

____ I understand the **permanence** of this procedure and my skin will be pigmented with iron oxides that may never fade completely.

____ I acknowledge and accept there are no guarantees regarding the outcome of the procedure.

CLIENT INFORMED CONSENT FORM

(continued)

___ The Technician performing the procedure will not be held liable for damages caused to me or my skin by any reason, including allergic reaction, skin sensitivity, and my failure to follow the after care instructions.

___ I am **NOT** currently under the influence of alcohol or drugs.

___ I have declared all relevant history, and if any changes occur in the future I will notify my Technician.

___ I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure. I consent to the permanent makeup procedure being performed on me and accept that I understand the risks and complications involved.

Statement from the County:

'Gwinnett County Board of Health makes no guarantee there will be no injury due to the aforementioned procedure being performed. Furthermore, Gwinnett County Board of Health assumes no liability for any injury which may occur'.

CLIENT NAME (PRINTED)

CLIENT NAME (SIGNATURE):

DATE:

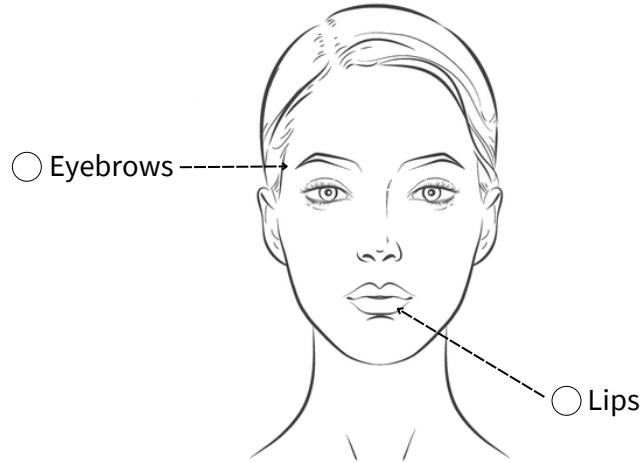
TECHNICIAN NAME (PRINTED)

TECHNICIAN NAME (SIGNATURE):

DATE:

CLIENT TREATMENT PLAN

Client Name _____ Date _____ Time _____



Treatment/s carried out _____

Pigment colors used _____ Technique used _____

Brand _____ Blade/Needle(s) used _____ Pain level/Bleeding _____

Procedure notes _____

TECHNICIAN NAME (PRINTED): _____ TECHNICIAN SIGNATURE: _____ DATE: _____

Agreed Fee _____ Deposit Paid _____ Retouch Fee _____

RETOUCH TREATMENT

I can confirm there have been no change to my medical history since the last treatment.

CLIENT NAME (PRINTED): _____ CLIENT NAME (SIGNATURE): _____ DATE: _____

Date _____ Time _____

Treatment/s carried out _____

Pigment colors used _____ Technique used _____

Brand _____ Blade/Needle(s) used _____ Pain level/Bleeding _____

Procedure notes _____

TECHNICIAN NAME (PRINTED): _____ TECHNICIAN SIGNATURE: _____ DATE: _____

PHOTO & VIDEO RELEASE FORM

I, _____ hereby give permission for any photos, videos, or audio that are taken of me to be used in and/or for any lawful promotional materials, such as but not limited to newsletters, flyers, posters, brochures, advertisements, press kits, websites, social media pages, and other print and digital communications.

This authorization shall continue indefinitely and extends to all languages, media, formats and markets now known or later discovered.

I renounce all claims I may have to royalties or other forms of payment resulting from or connected to the use of the image or sound recording.

I understand and agree that these materials shall become the property of The Brow Makers LLC and will not be returned.

All claims that I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate may hold them harmless and release them from any claims that they may bring.

By signing below, I hereby acknowledge that I have completely read and fully understand the above release agreement.

CLIENT NAME (PRINTED)

CLIENT NAME (SIGNATURE):

DATE:

BOOKING & CANCELLATION POLICY

Our goal is to provide quality care in a timely manner. In order to do so, we have had to implement an appointment booking & cancellation policy.

Please Read Our Policy Carefully:

- Deposits are non-refundable under any circumstances.
- Remaining balances are due after your service is completed in the studio.
- A 48-hour notice is required to reschedule an appointment.
- Less than 48 hours notice is a late notice and you will forfeit your deposit.
- A new deposit will be required if you wish to reschedule an appointment with less than 48 hours notice.
- Cancellations automatically forfeit their deposit.
- Same Day Cancellations will be charged a 50% cancellation fee of the service price total and forfeit their deposit.
- No-Show clients will be charged 100% of the service(s) price total.
- Clients that are more than 15 minutes late for an appointment are considered a no-show and will be charged 100% of the service(s) price total..
- All guests should arrive alone. No children or pets will be allowed in the studio with the exception of service animals.
- We reserve the right to refuse services to anyone at anytime.
- No food or drink are allowed in the studio.
- You will be photographed and recorded for before and after photos and documentation purposes.
- No smoking of any kind is allowed in the studio.
- We do not touch up any previous artists work done outside of our studio.
- All balances must be paid immediately following services.(no checks or money orders accepted)
- Although we give the best effort possible to obtain optimum results, no guarantees can or will be made.
- Please call to reschedule if you have even minor signs of a cold or sickness.
- We will not honor any requests other than enhancing your natural look.
- Please do not wear any makeup or perfumes on procedure day.
- Please refrain from texting or phone calls during the procedure.

By signing below, I hereby acknowledge that I have completely read and fully understand the above Booking & Cancellation Policy. I agree to pay the cancellation fee and/or no-show fee in the event of a missed appointment.

CLIENT NAME (PRINTED)

CLIENT NAME (SIGNATURE):

DATE:

PATCH TEST FORM

Full Name _____ Date of Birth _____
 Address _____
 Contact Number _____ Email _____

PATCH TEST

A Patch Test is carried out to determine if an allergic reaction will occur from the product applied to the skin. During the Patch Test a small amount of the product will be applied to the skin and affixing it to the skin for 24-48 hours. The area must then be monitored for the duration of the period for a reaction. Adverse reactions include, a rash, burning, swelling of the area and can have permanent change to the skin.

Please confirm any allergies _____

- I confirm that I have been offered a Patch Test prior to treatment. I understand that I have the choice to decline a patch test which may result in a reaction or refusal of treatment.
- I request a Patch Test I decline a PatchTest
- I confirm that I have been explained all the risks by the technician and I fully understand.
- I confirm that an allergic reaction may occur during or after treatment, and I have disclosed all of my allergies. I understand if an allergic reaction does take place that the Technician is not held accountable and that payment will not be refunded.

 CLIENT NAME (PRINTED)

 CLIENT NAME (SIGNATURE):

 DATE

 TECHNICIAN NAME (PRINTED)

 TECHNICIAN (SIGNATURE):

 DATE

RESULTS

A patch test has been completed with the following products:

Within 24 - 48 hours following the patch test, it is confirmed that the above client has had the following reaction:

- No reaction occurred A reaction occurred to one or all of the products

COVID-19 LIABILITY WAIVER & RELEASE FORM

Full Name _____ Date of Birth _____
 Contact Number _____ Email _____

Due to the COVID-19 Pandemic we require all clients to complete this form prior to having treatment to ensure the safety of the employees and clients.

I understand about the recent coronavirus. The World Health Organization has classified Covid-19 a global pandemic. I am aware that COVID-19 is very contagious and is spread through direct contact with people.

Please answer the following enquiries honestly and best as you can:

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

- | | |
|--|--|
| <input type="radio"/> Fever | <input type="radio"/> Shortness of breath |
| <input type="radio"/> Cough | <input type="radio"/> Difficulty breathing |
| <input type="radio"/> Chills | <input type="radio"/> Sore throat congestion or runny nose |
| <input type="radio"/> Fatigue | <input type="radio"/> Loss of taste or smell |
| <input type="radio"/> Head or muscle aches | <input type="radio"/> Nausea, diarrhea, vomit |

Have you travelled internationally/domestically within the 14 days leading up to your appointment? Yes No

Have you visited/worked in any healthcare setting that have confirmed COVID-19 cases within the 14 days leading up to your appointment? Yes No

Have you recently been exposed to anyone with a confirmed case of COVID-19? Yes No

By signing below I confirm all the information above is correct, and I release the business from liability to any exposure to the coronavirus.

 CLIENT NAME (PRINTED)

 CLIENT NAME (SIGNATURE):

 DATE:

LIP TATTOO

PRE-CARE ADVICE

Pre-care instructions MUST BE STRICTLY FOLLOWED to limit bleeding and skin sensitivities during the service. Excessive bleeding and sensitivity during the procedure will dilute and expel the pigment color and lead to poor results.

- You MUST contact your physician for a prescription of an antiviral medication Valtrex, Zovirax, or other anti-viral pre and post procedure to help prevent a herpes outbreak, specially if you have ever had chicken pox, fever blisters or cold sores. There are absolutely no exceptions to this rule. Start taking the medication 2 days prior and continue for 2 days post procedure.
- The skin must be free of all irritations including blemishes, eczema, and psoriasis.
- Must not be on Accutane medication for one year prior to getting a Cosmetic Tattoo.
- You must wait 6 weeks after getting lip fillers, it is possible to have poor color retention in lips that have had collagen injections within 6 weeks, and within a year of Restylane. There is the risk of pigment migration along the lip line if you have had Restylane. If you plan on getting lip fillers after your procedure, you must wait at least 6 weeks.
- Stop taking Fish Oil, Vitamin C, Glucosamine, Evening Primrose Oil, or Ginger one week prior to your appointment as they thin the blood and prevent the pigment from implanting correctly. If you continue to use these the healed result may be patchy.
- Discontinue the use of any anti-aging, skin brightening or anti-acne skincare products. Particularly those that contain Alpha Hydroxy (AHA), Vitamin A, Retinol. Ideally, do not use these products for 7-14 days prior to your appointment. Even if you do not use it near the area to be treated the product does spread under your skin and your cosmetic tattoo will heal patchy. Once your tattoo has healed under the skin surface (approximately 6 weeks following your final session) you may resume your usual skin care routine.
- Do not schedule any facials, microdermabrasion, microneedling, peels or laser treatments for at least 4 weeks prior to your appointment.
- Must wait 6 months after a lip implant.
- Please avoid any type of blood thinning medication, and supplement for a minimum of 72 hours prior to your procedure unless is unsafe to do so for your health. Please ask your doctor before stopping these type of medications. Such as: Ibuprofen, Aspirin, Advil, Niacin, Voltaren or Indocid. As well as Supplements, Prenatal Vitamins, Vitamin E or Nutritional Shakes. Tylenol is recommended if you have a low pain tolerance.
- Do not work out on the day of the procedure.

LIP TATTOO

PRE-CARE ADVICE

(continued)

- Avoid sun tanning or tanning beds for 2 weeks prior to procedure. If you show up to your appointment with a sunburn you will need to reschedule and will forfeit your deposit. As your skin exfoliates from a sunburn it will take the pigment. Tanned skin is damaged skin, and your color will not heal properly.
- Scars from surgery or injury must be healed for at least one year prior to service.
- Do not drink alcohol 24 hours prior to your procedure
- Do not consume coffee or other caffeine products 24 hours prior.
- Please note that you will be more sensitive during your menstrual cycle.
- Please get plenty of rest and drink lots of water to hydrate prior to procedure.

If during the healing process you have any questions or concerns, do not hesitate to email us at thebrowmakers@gmail.com or call us at 770-906-5701.

LIP TATTOO

POST-CARE ADVICE

What to expect immediately after the procedure?

The color will look bold like lipstick immediately after. Your lips will look slightly larger than normal as if you may have had lip filler injection. This will only last a day or two. The size of your lips will shrink back to normal and the color will significantly fade up to 50% within the first 3 days. You will lose color on the inside of your lips first, the edges last.

A crust that forms will start to flake away revealing a lighter and more natural color.

In many cases the client wishes to go darker on their touch-up appointment. It is always best to air on the side of caution on the first procedure. It is easy to add more color, but not to remove it.

Lips will be tender at first. Drink through a straw. Choose foods you can place in your mouth with a fork without touching the lips.

Day 1 (Day of Appointment)

You may apply an ice pack (which must be protected with a clean wet barrier film of paper toweling, towel or cloth) for 10 minute intervals for the first 24 hours. Ice may be applied every hour or so, if desired. Do not put ice directly on the area.

Days 1 - 10

The treated area may experience the following symptoms for 1 to 10 days after the treatment, which are all common and will dissipate in a short period of time.

- Swelling and redness.
- Tenderness.
- Flaking and mild itchiness as the lips heal.
- Dry skin that may remain for up to 3 weeks.
- In the first 12-48 hours, while the skin is in the process of forming a protective scab and the lymph secretion is active you may see fluid or ooze on the skin. This is normal but the fluid must be patted with a water wet wipe and dried with a clean paper towel so that the secretion does not crust and block the skin from breathing.
- Keep the lips clean at all times and moisturized with the ointment provided. Try not to disturb the crust when cleaning and let it fall off by itself. Lips will ooze a couple of days.
- To cleanse the lips please use the water wipes provided to compress each morning, midday and at night. Each time after cleaning and several times a day apply a thin layer of the ointment provided to your lips with a Q-tip or clean hands with light touch. This will reduce the risk of secondary infection and should be done for at least 7 days post procedure. Do not allow lips to become dry. This may interfere with healed color. Do not use aggressive movements on the skin, be gentle. NEVER put the ointment on a wet or damp tattoo.

LIP TATTOO

POST-CARE ADVICE

(continued)

- Lips will peel for a week. Allow them to flake off on their own. Picking and pulling off skin that is not ready to come off will cause pigment loss and can pull out deeper tissue. The edges or lip liner will be the last to fall off. Pulling this off will result in an uneven splotchy line or an indented scar.
- During the peeling process it may look like there is not much color there. Color is more apparent by the second week and will continue to clarify until 5 weeks.

The following must be avoided:

- Do not rub, pick or scratch, as the color may heal unevenly and you could risk infection, which in turn could lead to scarring. Let any scabbing or dry skin naturally exfoliate away.
- Do not excessively stretch lips by smiling big or puckering lips with smoking while they are healing. Those motions push and pull against the lip edges, applying tension and friction between the strong normal skin surrounding the mouth and the broken inflamed lip edges. Lip skin is a continuation of the delicate mucous membrane in the mouth. It is not strong like normal skin.
- Avoid direct sun exposure/tanning or tanning beds for 4 weeks after the procedure. Wear a hat when outdoors and/or big sunglasses.
- No smoking while your lips are healing (approximately one week).
- No kissing, rubbing or friction on the treated area until it is totally healed or else you will lose color.
- Avoid heavy sweating, exercise, sports, swimming, sauna, steam rooms, jacuzzi, and long hot showers for 10 days.
- When showering make sure you avoid direct water pressure on the treated area for 10 days. You may apply Aquaphor to cover your lips.
- Avoid use of skincare or cosmetics on the treated area (be careful using your foundation or powders.)
- Refrain from using cleansing creams or moisturizers that contain Retin-A, glycol acids, anti acne ingredients, AHA's/BHA's on the worked area.
- Avoid eating hot, spicy, salty and acidic foods for the first 2 weeks and drink liquids through a straw for 3 days. While eating, do not constantly wipe your lips with a napkin or keep licking your lips as this will impede the healing process.
- Avoid using toothpaste products with whitening properties as this can bleach the color in your lips also. Avoid For 10 days
- Do not receive bleaching, waxing, electrolysis or laser hair removal treatments close to your enhancement. Avoid for 2 weeks.

LIP TATTOO

POST-CARE ADVICE

(continued)

- Avoid using exfoliants, acids such as glycolic acid, alpha hydroxy acids lactic acid, salicylic acid, fruit acid and Vitamin A on the tattooed area for 30 days. (Causes premature fading)
- Use a fresh pillowcase. Avoid sleeping on your face for the first 10 days.
- Do not schedule any facials, microdermabrasion, microneedling, peels or laser treatments for at least 4 weeks. They can darken/lighten or distort the pigment.
- Avoid drinking alcohol in excess, as it may lead to slow healing of wounds.
- Do Not use Blistex, Carmex or Chapstick while healing.
- Avoid driving in open air vehicles such as convertibles, boats, bicycles, or motorcycles.
- Do not perform tasks related to heavy household cleaning such as; garage or storage cleaning where there is a lot of airborne debris—now is not the time!
- Do not have cosmetic injections on lips for at least three weeks prior to your appointment.

NOTE:

- All procedures must HEAL, PEEL and FADE! The approximate healing period is 10 days, however healing can be prolonged if your immune system is compromised, if you are generally stressed and by poor diet.
- Clients with sun damage, scar tissue (from injury or fever blisters) and clients with implants may not have strong results.
- Hyperpigmentation can happen on any lip client without warning.
- Until your skin sloughs off and regenerates you will not be able to see true results. It takes 28 days for the skin to slough off and regenerate itself. Keep in mind that even with proper care, some areas may look uneven or patchy. It is absolutely normal because your natural skin regeneration is not a process that your artist can control. This is the purpose of the complimentary touch up included after 6-8 weeks from the initial session to fine tune your enhancement assure that richness of color, symmetry, density in the shape and desired effect is achieved.
- Healed results vary per individual client. We have no control over what occurs during the healing process. Lips are a muscle and will need 1 to 3 sessions to complete the process of this procedure. Lips are unpredictable. Some clients will yield to a strong healed lip color. Others will only heal with slight color uptake. This will vary on an individual basis.
- You can resume wearing lipstick once lips are healed. It is advised to use a new lipstick after all lip treatments.
-

Following the proper post-care is necessary to achieve the best results. When scheduling an appointment for a cosmetic tattoo keep in mind the healing time of the procedure will depend on your body's regeneration, age, immune system and lifestyle.

LIP TATTOO

LONG TERM CARE ADVICE

You'll find that your cosmetic tattoo will last between 1 - 3 years after their complimentary touch up session.

- Future touch-up appointments are required to maintain their shape and depth of color. If you do not maintain, the color will lighten over time. Fading greatly depends on your skin type, lifestyle, sun exposure, pigment color used, broken capillaries, and iron deficiency. We suggest that if you want to maintain your lips so that they always look their best, plan on scheduling a touch up once a year for best results.
- Use a good sunscreen on the lips if you plan to be in the sun for a prolonged period of time. Sun exposure will fade your cosmetic tattoo overtime. Smokers, "sun worshippers", or anyone with skin that is in a state of distress may have less desirable results. Sun exposure will make the color fade faster. A lip balm with SPF applied daily on tattooed area is needed to help keep the color true.
- If you are planning a chemical peel, laser procedure or MRI scan, inform the technician of your cosmetic tattoo since there is iron-oxide in the pigments. Careful application must be taken to avoid affecting the tattooed area. If you are planning to have laser treatments, tell your laser specialist to avoid the pigmented area. Laser may cause pigment to turn black.
- The use of Retin-A/Tretinoin, hydroquinone, or any other rapid skin exfoliation used regularly on any area surrounding the brow area will cause your cosmetic tattoo to fade prematurely.
- The use of chemical peels, acid peels or any brightening product that targets hyper-pigmentation used regularly on the forehead region can cause permanent eyebrows to fade prematurely.
- The use of exfoliating cleansers, scrubs, cleansers with acne fighting ingredients or "acid" in the name will cause rapid exfoliation of the skin containing the pigment and will increase odds of premature fading.

If during the healing process you have any questions or concerns, do not hesitate to email us at thebrowmakers@gmail.com or call us at 770-906-5701.