STUDIO WINK
PERMANENT MAKEUP / MICROBLADING / LASHES

CLIENT INFORMATION

NAME:_____DATE:_____DOB:_____

ADDRESS:_____CITY:_____

STATE:_____ZIP:_____PHONE:_____

EMAIL:_____

☐ IDENTIFICATION_____ (PLEASE BRING ID TO YOUR APPOINTMENT)
☐ ID PRINTED FOR FILE

What to Expect During Your Permanent Makeup Appointment

- ☐ We will review your intake forms with a focus on your medical history.
- ☐ Any questions you may have can be addressed at this time.
- ☐ 'Before' enhancement photographs are taken.
- ☐ Your brow area is cleaned and numbing gel is applied for 30 minutes.
- ☐ Facial measurements and design will be done and presented for your approval. This is the time to incorporate any changes you would like to have made. After we review your design, indicate that you have seen and approve of the design for your brows as presented by Tonya Parker by signing here:

  Signature _____ Date ____/____/_____.
- ☐ At the completion of your procedure I will go over aftercare instructions and give a written copy of the instructions as well.
- ☐ "After' treatment photographs are taken.
- ☐ An aftercare kit is provided.

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Cancellation Policy

Re-Scheduling and Cancellation Policies and Fees

We have a strict 48 hour cancellation, re-scheduling, and no-show* policy here at Wink Studio. It is very important that you carefully read Wink Studio's scheduling policies and requirements below and confirm your understanding and agreement by signing where indicated.

If a medical emergency arises, documentation must be provided.

Currently I am booked out about three months; so if you must change your appointment, we ask that you please reschedule at least two weeks before your scheduled appointment time.

Wink Studio's Booking fees are non-refundable. If you need to reschedule your appointment, 48 hour notification is required for the non-refundable booking fee to be transferred to a different date. Failure to notify our studio **within 48 hours** will result in the loss of your booking fee. A new booking fee will be required to schedule a new appointment. No-shows are incredibly rude and give me no opportunity to offer that appointment time to another person who would really want it.

(*meaning no contact**)**

Thank you for your understanding,

Tonya Parker - Wink Studio

CLIENT SIGNATURE:

_____DATE:_____

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Consent for Permanent Makeup Services

_____I hereby authorize Wink Studio to perform upon myself permanent cosmetic enhancement. If any unforeseen conditions arise during the course of the procedure(s) I further request and authorize Wink Studio to use their full judgement and who/what ever she deems advisable and necessary in the circumstance.

_____I understand that permanent cosmetic enhancement is an advanced form of tattooing.

_____I accept responsibility for determining the color, shape, and position of the enhancement as agreed during the course of my consultation.

_____I understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware that an allergic response to pigment is rare and I accept all responsibility if an allergic response occurs.

_____I am aware that a sensitivity reaction to anesthetics can occur and a I accept all responsibility if an allergic reaction occurs.

_____I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over time. Even though the color has faded, the pigment will stay in the skin indefinitely and may leave a light residue of color.

_____I understand and accept that the highest standards of hygiene are met, and that sterile disposable needles are use for each individual client, procedure and visit.

_____I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed. I understand this is why I may need to return for touchup procedures.

_____I understand that the touchup procedure, if required, will be performed 6-8 weeks after the initial procedure and that after ten week period I will be charged and addition fee for any procedure(s).

_____I am aware that the results of the procedure are determined by the following:

Medication
Skin characteristics i.e. dry/oily/sun-damaged
Natural skin undertones
Alcohol intake and smoking
Compromised immune system
Post-procedure care treatment

_____I understand that perfection is not possible. All procedures (especially with previous PMU) are not guaranteed and may require additional sessions.

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_____I have been advised that upon completion of the procedure there may be swelling and redness of the skin, which will subside within 1-2 days, in some cases bruising can occur. I have been advised that I can resume my normal activities except working out immediately following the procedure. However, using cosmetics, prolonged exposure to water, excessive perspiration, and exposure to the sun should be limited for up to 2 weeks following the procedure.

_____I understand that immediately after the procedure the enhancement can be 20% to 40% darker the desired result and can take between 7 and 10 days to lighten. I understand the true color will be apparent 1 month after each application and the color may vary according to skin type, age, medication, and skin condition. I appreciate that some skin types accept color more readily than others and no guarantee of exact effect or color can be given.

_____I agree to inform my doctor of my permanent cosmetic enhancement if I require an MRI scan within 3 months of the enhancement.

_____I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me. I understand that infections and possible scarring if I do not adhere to these instructions.

_____To my knowledge I do not have any physical, mental, or medical impairment that would affect my decision to consent to this procedure. I am at least 18 years old. And, I am not under the effect of drugs or alcohol.

_____For the purpose of documentation, I also consent the taking of before and after imagery of the procedure(s). I give my consent for this imagery to be for marketing.

FOR EYELINER:

_____I will have any eyelash extensions removed before this procedure. And, I agree not to wear any eye makeup or mascara for 10 days after the procedure.

FOR LIP BLUSH:

_____I am aware that if I have had a previous outbreak of cold sores/ Herpes and receive a lip enhancement I may have another outbreak after the procedure. I am aware that medications are available over-the-counter or by prescriptions that may prevent another outbreak.

I (print name)_____, acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about cosmetic tattooing procedure(s), it's process, and the risks involved from Tonya Parker. The decision to have cosmetic tattooing procedure(s) performed is my own and freely given. I understand and accept all risks involved, therefore releasing Tonya Parker of any and all legal liability. Permanent makeup/cosmetic tattooing is not a medical procedure but an art form, the art of tattooing. NO WARRANTY OR GUARRANTEES HAVE BEEN MADE OR IMPLIED. NOREFUNDS....NO EXCEPTIONS.

Client Name (signature)_____ _____Date _____

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Confidential Medical Profile

Name: _____ Date: _____

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

_____ Has a Medical Doctor diagnosed you with any Autoimmune Disorders? If yes, you must provide a note from your doctor saying you may have a Permanent Makeup procedure.
_____ Do you have previous permanent make up? If yes when?_____
_____ Are you over the age of 18? If NO, then you cannot receive services.
_____ Have you had injectable treatments such as Botox, lip fillers ,etc? If yes when?_____
_____ Have you had aspirin or any blood thinning medications/supplements with in the last 7 days?
_____ Do you take antidepressants or mood altering medications?
_____ Have you had a chemical or laser peel within the past six months?
_____ 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? If yes, this must be stopped four weeks before Permanent Makeup Services.
_____ Have you had caffeine or alcohol products in the last 24 hours?
_____ Are you taking any immunosuppressive medications?
_____ Are you allergic to hair dyes?
_____ Are you allergic to topical antibiotics? e.g. Polysporin, Bacitracin, Neosporin or caine family of drugs or petroleum based products (Vaseline)?
_____ Do you wear contact lenses? Bring glasses if you are receiving eyeliner services.
_____ Do you have a history of skin disease, unexplained bruising, or skin sensitivities?
_____ Are you pregnant or nursing? If YES, no services will be provided.
_____ Are you presently taking vitamins A, E or fish oil in any form? Stop for 7 days, if YES.
_____ 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? If YES, no services will be provided.
_____ Do you have Keloid or Hypretrophy Scars? If YES, no services will be provided.
_____ Do you have Hepatitis?
_____ Do you have Diabetes?
_____ Any tendency to bleed excessively from minor cuts?
_____ Do you have Epilepsy/Seizures of any kind? You will need a Dr.'s note and bring a guest.
_____ Do you currently or have you had Cancer? If yes please explain_____
_____ Do you have HIV?

Please list all medications:_____
_____

Doctors name and number_____

Clients Signature _____**Date**_____

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Permanent Makeup Pre-Care Instructions

Thank you for choosing Wink Studio for your permanent makeup experience.

Please make sure you read the following instructions to ensure the best results from your permanent makeup procedure.

It is very important you refrain from NSAIDS such as Ibuprofen, Aleve, aspirin, or aspirin products, and alcohol for **24 hours** prior to your appointment. All of these products make you bleed excessively. Excessive bleeding During the procedure will negatively affect the longevity and retention of your semi-permanent make up application. In some cases, the application procedure will need to be prematurely stopped.

The only product for aches and pains that will not make you bleed is Tylenol.
Also refrain from **VITAMIN E and FISH OIL capsules for 7 days prior to your permanent makeup procedure.**

Please avoid energy drinks and 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 your facial muscles in the area where we will be working.

Thank you again and we look forward to seeing you. You're one step away from having beautiful brows, eyeliner, or lips!!!
EYELINER - NO CONTACTS, BRING YOUR GLASSES!!!
FOR LIPS - PLEASE TAKE YOUR PRE-MEDICATION IF PRESCRIBED!!

Please call me if you have any questions, 541 871-3257

Additional notes on NSAID medications and consumption of alcohol 24 hours before microblading procedure. Excessive bleeding during the procedure can wash out the ink pigments and compromise the results of the microblading procedure. If unexpected excessive bleeding does occur, additional touch-ups may be needed. One touch-up appointment is included in the initial fee; however additional touch-up treatments will be billed at $100/hr.