

## Permanent Makeup Pre Care Instructions

Thank you for choosing Saratoga Lashes & Skincare for your Permanent Makeup experience.

Permanent Makeup service being performed? Please check  
Microblading \_\_\_\_\_ Ombre/Powder Brows \_\_\_\_\_ Eyeliner \_\_\_\_\_ Lips \_\_\_\_\_

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

We require a current picture for eyebrow services. Please text a selfie to 518-366-8410 and be sure to include your name.

There is the possibility of an allergic reaction to the pigments associated with this procedure. A patch test is available; however the results can be inconclusive and do not ensure a client won't have an allergic reaction.

If you are **allergic, intolerant or sensitive to anything** (e.g.: latex, bee's, nuts, nickel, dairy etc.) please notify us immediately so that we can properly accommodate your needs. Please inform us if you are on any blood thinning medications.

Please inform us of any recent injectables including Botox you have had or plan to have in the future. Permanent makeup needs to be performed 3 weeks before or after Botox or injectables have been performed.

It is very important to refrain from all alcohol, aspirin, or aspirin products, such as blood thinners at least seven days prior to your appointment.

Please refrain from Ibuprofen and Aleve for **24 hours prior** to your appointment.

The only product for aches and pain you can use is Tylenol.

Also refrain from Vitamin A,E and fish oil capsules, Alpha Hydroxyl and Retin A topical skin care products 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 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 relax much more easily, as well as help to relax the facial muscles in the areas we will be working on.

You must notify us of any contraindications at least 7 days prior to your procedure. If you fail to inform us of this, your service may not be performed and the full charge for your service will be due.

The deposit for your permanent makeup service is nonrefundable. If you need to reschedule at least 48 hours in advance of your appointment, your deposit will

be applied towards the future appointment. Your appointment needs to be scheduled within 3 months of your original appointment date.

Please notify us immediately if:

- You are 18 years old or younger(If so, we will need your parents consent.)
- You have epilepsy or a seizure condition.
- You have an autoimmune disorder.
- You currently have or have had Cancer.
- You are undergoing radiation or chemotherapy treatment.
- You have HIV or Aids.
- You are wearing a pacemaker.
- You have had a chemical or laser peel recently.
- You take antidepressants or mood altering medication.
- Your body has ever had problems with healing.
- You have fever blisters, herpes or cold sores.
- You are currently undergoing radiation or chemotherapy.
- You are taking any medication, especially immunosuppressives such as anti-inflammatory or steroids.
- You are allergic to topical antibiotics, e.g. Polysporin, Bacitracin, Neosporin, "Caine" family of drugs or Petroleum based products like Vaseline.
- You have a history of skin diseases or skin sensitivities.
- You have Alopecia.
- You are on an Accutane treatment.
- You have Hepatitis or Diabetes.
- You have oily skin.
- You have a tendency to bleed excessively from minor cuts, scar or bruise easily.
- You are anemic.
- You are sensitive to scents or smells.
- You are currently using Vitamin A, Vitamin E, Fish Oil capsules.
- You are currently using Retinol, Alpha-Hydroxy, glycolic or other exfoliating skin care products.
- You have a tendency to faint or become dizzy.
- Your skin hyper or hypo-pigments(develops light or dark spots).

Thank you again and we look forward to seeing you.

I have read, understand and agree to comply with the instructions above:

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Date

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Name

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Signature

**Consent to Application of Permanent Makeup Procedure**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

CELLPHONE CARRIER (At&t, Verizon, etc.) \_\_\_\_\_ EMAIL: \_\_\_\_\_

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 permanent makeup cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

I understand the permanent skin pigmentation procedure carries with it known/unknown complications and consequences 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 differ slightly, due to the tone and color of my skin. I fully understand this is a form of tattooing and therefore not an exact science, but an art. I have been informed of the nature, risks, and possible complications or consequences of permanent pigmentation. I realize there is no guarantee for the work performed due to the organic nature of skin. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of permanent Make-Up. \_\_\_\_\_ (initial)

There is a possibility of an allergic reaction to the pigments. A patch test is available, however the results can be inconclusive and do not ensure a client won't have an allergic reaction. I 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 that 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 herpes or cold sores, I will consult with and strictly adhere to my doctor's instructions before contemplating any permanent cosmetic procedure around the lips. \_\_\_\_\_ (initial)

I understand that taking before and after photographs is a condition of the procedure. I certify that I have read and initialed the above paragraphs and understand all the information on this consent form. I accept full responsibility for the decision to have this cosmetic tattoo work done.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Confidential Medical Profile**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

\_\_\_|\_\_\_ Do you have previous Permanent Makeup or tattoos? If yes when and where? Have you ever had any problems with healing after these procedures?

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\_\_\_|\_\_\_ Are you over the age of 18? If not, please provide Legal guardian's name, signature and initials

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\_\_\_|\_\_\_ Have you had or plan to have Botox or injectables? If yes when?

\_\_\_\_\_

\_\_\_|\_\_\_ Are you pregnant or nursing?

\_\_\_|\_\_\_ Are you wearing a pacemaker?

\_\_\_|\_\_\_ Are you anemic?

\_\_\_|\_\_\_ Do you intentionally tan? Direct sun or tanning bed? \_\_\_\_\_

\_\_\_|\_\_\_ 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 and are you undergoing any radiation or chemotherapy treatment?

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\_\_\_|\_\_\_ Do you have HIV or Aids?

\_\_\_|\_\_\_ Have you had or plan to have a chemical or laser peel? If so when?

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| Have you taken Aspirin, Ibuprofen, Aleve or any blood thinning medications/supplements within the last 7 days?

| Do you take Antidepressants or mood altering medication?

| Do you or have you ever had any problems with healing?

| Do you bruise easily?

| Do you scar easily?

| Do you have oily skin?

| Does your skin hyper or hypo-pigment (develop light or dark spots)?

| Do you get fever blisters or cold sores?

| Do you have a tendency to faint or become dizzy?

| Do you use tobacco? If so, you may heal slower which may affect the time of scheduling a touch up appointment.

| Do you menstruate? If yes, when is your next cycle date? \_\_\_\_\_

| Do you drink alcohol? If so, how often? \_\_\_\_\_

| Are you currently undergoing radiation or chemotherapy?

| Are you currently using Retin-A, Alpha Hydroxyl, glycolic or other exfoliating 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 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 Hypertrophic Scars?

| Do you have Hepatitis?

| Do you have Diabetes?

| Do you have any tendency to bleed excessively from minor cuts

| Do you bruise easily for no obvious reason?

| Are you sensitive to scents or smells (e.g.: perfumes, essential oils, etc) If so, please explain

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| Are you allergic, intolerant or sensitive to anything?  
If so, please list all items and describe your situation.

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Please list all other medical conditions, \_\_\_\_\_

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Doctor's Name and Number \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

### Cancellation/No Show/Booking Policies

We respect your valuable time and strive to maintain a timely schedule each day. In order to do this, we request that you are punctual and inform us if you are going to be late or if you are unable to make your appointment as soon as is possible. While we realize that sometimes lateness is unavoidable, we try to adhere to the schedule and will most likely have to reschedule you if you are more than ten minutes late for your appointment.

Please understand that all it takes is one late appointment in the morning and every appointment thereafter is affected negatively. We like to have ample time to devote to you for your service and we have appointments scheduled back to back, which makes it impossible to make up for lateness. Therefore, we do not run over scheduled appointment times. If you arrive late, we will do our best to service you, but will not run over into other scheduled appointments.

**Please note that all appointments must be guaranteed with a credit or debit card which is stored securely in our booking system.** If you are unable or choose not to provide a card, you will need to prepay the full charge of your service in advance.

Your appointment time is reserved for you and only you. When appointments are cancelled with 48 hours or less notice, or if there is a no-call/no show, we are unable to fill this time. In order to minimize these occurrences, you are responsible for the full cost of the service booked if you don't show up for your service or if you cancel or reschedule within 48 hours or less before your appointment. By signing this form you give us valid authorized consent to charge a cancellation fee to your credit card on file if you provide us with less than 48 hours notice to cancel or reschedule your service or if you do not to show up for your appointment.

In the event that you need to cancel or reschedule your appointment, **please call 518-885-9145 with as much advance notice as possible and at least 48 hours in advance of your service to avoid any charge for your service. Our normal operating business hours are Tuesday through Friday, 11am – 7pm.** An email or text message is an unacceptable method to communicate your cancellation. You must call or your request will be void. Please note that **verifiable emergencies will be handled on a per case basis**, in which case you will have a credit on file which you will need to use within three months to reschedule the appointment. After three months the credit will expire.

Clients with a history of more than one “No Show” or last minute cancellation will need to provide a 72 hour cancellation notice for all future appointments and will pay for services in advance. If your appointment was confirmed with a gift certificate, this gift certificate will be used to cover the cost of the missed appointment.

We strive to offer you the highest quality of care and appreciate your patronage! Thank you for understanding. I have read, understand and agree to comply with the above policy. Please print your initials, full name and sign below.

Print & Sign Name and Date

\_\_\_\_\_ Initials\_\_\_\_\_

Master Card/Visa \_\_\_\_\_ Name on card \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV code on back \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### **Microblading Post Procedural Care**

**DAY 1:** Please wash hands with antibacterial soap before you wash your eyebrows. Then wash your eyebrows gently **EVERY HOUR** with a gentle cleanser and lukewarm water until you go asleep! Pat dry with a tissue then apply a rice grain sized bit of Skin Candy to form a very thin layer on your brows.

**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 a very thin layer to ensure your brows won't suffocate. Wash 3 times per day - If your skin is dry or feels dry you can wash with only water.

1. Do not use any Retin A, Glycolic Acids, Peroxide, Neosporin while healing for 7-10 days.
2. Do not scrub or pick your eyebrows.
3. Do not expose the area to the sun or tanning beds! Must use hat if in the sun.
4. Avoid any facials, face or body massage, eyelash extensions, brow waxing, swimming, whirlpools or sauna for 7 days.
5. Do not exercise the first 3-5 days. No heavy sweating for 7 days, no Hot Yoga!
6. No make-up on the eyebrows!
7. Do not tint eyebrows for the next 10 days.
8. Avoid sleeping on your stomach or side for 1 week after treatment.

**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. There is a possibility that the hair stroke color may appear to fade completely while healing and then after healed the strokes come back.
3. After the initial procedure, the color will be very dark; in six days it will lighten up, after 10 days the color will set in and appear closer to the final color.
4. It will appear softer when completely healed because the healed skin grows over the hairstroke.
5. Please be patient. Healing takes up to 30 days. At your next appointment more hair strokes can be added to perfect your brows.

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 swelling that is difficult to see due to the thickness of the skin in the eyebrow area. This swelling will subside. Exfoliation begins in a few days and will cause the excess pigment surrounding the hair strokes to flake away which will create a more defined appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size than you desire. This is a normal part of the process.

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

Sign/Print Name & Date \_\_\_\_\_

## Lips Permanent Makeup Procedure Aftercare

### 1. Day #1 ( Day of the Procedure):

- a. It is very important to remove the lymph from the surface of the skin in order to avoid heavy scabbing. Right after the procedure, clean the lips with damp cotton (purified bottled water) every 30 min until bedtime. Before sleep, if the lips still have some dry lymph, wash them with lukewarm water and gently remove the dry lymph, pat dry, and apply Aquaphor Healing Ointment (you can find it in any grocery or drug store).

\*\*\*Sometimes the lips can bruise even after the procedure, do not worry, the bruising will go away in a couple of hours.

### 2. Day #2:

- a. The lips may still be swollen, this is normal. Please do not ice the lip's skin. Keep the lip's skin moist at all times, do not let them get dry.

### 3. Day #3:

- a. Keep applying the ointment as needed (whenever they start to feel dry)

**\*\*\* Days 1-7 (or even longer—until scabs are gone) \*\*\***

-**AVOID** (in the PMU area) water, makeup, excessive sweating, saunas, pools, sunbathing.

-Do **NOT** peel the scabs, leave them alone (you may cause scarring)!

-Do **NOT** apply anything besides Aquaphor or Grapeseed Oil.

-During the 4 weeks after your procedure, it is best not to use creams that contain acids or ingredients that will lighten or exfoliate the skin.

## Ombre/Powder Brows Permanent Makeup Procedure Aftercare

### 1. Day #1 (Day of the Procedure):

- a. **Oily Skin:** Wet cotton pad with purified bottled water to clean the skin every 30 minutes, for the first 3 hours (total 6 times), after the procedure.
  - i. After every other cleaning (total 3 times), apply a **THIN** layer of Aquaphor Healing Ointment (available to purchase at any grocery or drug store) with a Q-TIP.
  - ii. Before Bed: Wash skin using lukewarm water and VERY gently remove lymph. After, pat dry and apply a **THIN** layer of Aquaphor Healing Ointment with a Q-tip.
- b. **Dry Skin:** Wet cotton pad with purified bottled water to clean the skin every hour, for the first 3 hours (total 3 times), after the procedure.
  - i. After every cleaning (total 3 times), apply a **THIN** layer of Aquaphor Healing Ointment (available to purchase at any grocery or drug store) with a Q-TIP.
  - ii. Before Bed: Do NOT wash if there's not visible lymph on top of the skin. Apply another thin layer of ointment to make sure your skin is moist before bed.

### 2. Day #2:

- a. **Oily and Dry Skin:** Wash one more time (with damp cotton pad and clean antibacterial soap) if your skin eliminated lymph during the night, then, pat dry and apply **THIN** layer of ointment. If no lymph, then just keep the eyebrows hydrated with the ointment as needed—only apply ointment when you feel the skin is dry.

### 3. Day #3:

- a. Everyone's skin has its own healing process, so it is recommended to apply ointment as long as the skin is still scabbed. The ointment will help your skin regenerate faster and better.

**\*\*\* Days 1-7 (or even longer—until scabs are gone) \*\*\***

-**AVOID** (in the PMU area) water, makeup, excessive sweating, saunas, pools, sunbathing.

-Do **NOT** peel the scabs, leave them alone (you may cause scarring)!

-Do **NOT** apply anything besides Aquaphor or Grapeseed Oil.

-During the 4 weeks after your procedure, it is best not to use creams that contain acids or ingredients that will lighten or exfoliate the skin.

## Eyeliner Permanent Makeup Procedure Aftercare

### 1. Day #1 (Day of the Procedure):

- a. Do **NOT** touch your eyes. Before bed, you can place ice on your eyes (with a clean cloth underneath)—Do not apply ice directly onto your skin.
- b. Do **NOT** wash your eyes, try to keep them dry.
- c. If your eyes are swollen, take Ibuprofen or Tylenol.

### 2. Day #2:

- a. Your eyes may still be swollen, this is normal.

### 3. Day #3:

- a. If your skin feels very dry, you can apply a very thin layer of Aquaphor Healing Ointment (found at any grocery or drug store). Do not apply too much, as this can cause adverse reactions. Wash your hands before applying ointment or use a Q-tip to apply.

**\*\*\* Days 1-7 (or even longer—until scabs are gone) \*\*\***

-**AVOID** (in the PMU area) water, makeup, excessive sweating, saunas, pools, sunbathing.

-Do **NOT** peel the scabs, leave them alone (you may cause scarring)!

-Do **NOT** apply anything besides Aquaphor or Grapeseed Oil.

-During the 4 weeks after your procedure, it is best not to use creams that contain acids or ingredients that will lighten or exfoliate the skin.