



335 Kenmore Avenue • Suite 200 • Bel Air, Maryland 21014 • 443-866-0054

CONSULTATION CONSENT FORM

Name _____ Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Checked desired procedure: [] Brows [] Eyeliner [] Areola/Paramedical [] Microneedling [] Lips

• The procedure that I am about to have has been explained to me by Pam Winnie (practitioner). I have been informed of the risks and complications that can possibly take place during and after the procedure is completed. I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any pigments, topical preparations or processes used in the procedure and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. _____ **(initial)**

• I understand that there may be a certain amount of discomfort or pain associated with the procedure _____ **(initial)**

• I realize my body is unique and the practitioner cannot predict how my skin may react as a result of the procedure. _____ **(initial)**

• I have been informed that other adverse side effects, including swelling; temporary minor bleeding, redness and pinkness, soreness and bruising (rare). Fading or loss of pigment may occur. _____ **(initial)**

• I understand that there will be some fading of color. The oilier the skin is the more fading occurs. The above practitioner has not guaranteed me as to how much color will stay. Additional procedures may be required. _____ **(initial)**

• Red heads, blondes and fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not take. Additional procedures may be required to obtain desired results. _____ **(initial)**

• I acknowledge that pigment implanted on darker skin types (African Americans, Indian, Latino etc) will appear softer and blend more with your own skin melanin and will not appear as bold or defined as on lighter skin types. _____ **(initial)**

• Permanent Make-up is an ART, NOT a science. It is a process that often requires several touch-up applications; I have also not been guaranteed as to the number of application of color (touch-ups) that I will need. There will be a charge for each additional touch-up needed. _____ **(initial)**

• I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed. _____ **(initial)**

• I accept full responsibility for the color and shape of each and every procedure that I will be having done: for my eyebrows, shape and color and placement; eyeliner, the color and shape; lip shape and color; or areola size, placement, color and shape. _____ **(initial)**

• For clients with sensitive skin, a patch test is offered at least 1 week prior to the procedure. If not having patch test: _____ **(initial)**

• I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later change or remove the result. _____ **(initial)**

- I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and further understand that such changes in my appearance may not be correctable through further permanent make-up procedures. _____ **(initial)**
- I have been advised to limit driving 8 hours after eyeliner procedure. _____ **(initial)**
- I have been advised to not take aspirin, or products containing aspirin, vitamin E, fish oils, or any blood thinning medications (check with your doctor) 1 week prior to procedures due to added risks of bleeding. _____ **(initial)**
- I have been given home care instructions on how to care for my procedure after it has been completed. I have read it thoroughly; I understand it and I agree to adhere to it. _____ **(initial)**
- I understand secondary infection can occur. I agree to follow all home care instructions in order to help prevent this. _____ **(initial)**
- I understand if I have ever had a cold sore or fever blisters; the risk of a break out increases following a lip procedure. If I am prone to cold sores, then I should obtain a prescription for Zorvirax and take as prescribed by my doctor (usually for 2 weeks prior to treatment). _____ **(initial)**
- If I am to have eyeliner done, I should not wear any contact lenses during the procedure and I have been told that other patients have found relief from excessively watery eyes by taking an antihistamine such as Benadryl one hour before the procedure. This is not being prescribed to me, it is optional if I choose to do so. _____ **(initial)**
- Certain medical conditions, (diabetes, thyroid conditions, radiated skin) medications (thyroid, antidepressants, etc.) will effect how well the body retains pigment and may affect the color. I understand that my condition or medication may affect the treatment, including bruising, bleeding and additional time. I accept these potential risks and wish to proceed. _____ **(initial)**
- Certain medical conditions, heart related conditions like mitral valve prolapse, that require pre-procedure antibiotics will not be done without prior medication. NO EXCEPTIONS _____ **(initial)**
- I understand the risk of color migration or fanning of pigment could occur and also understand the use of certain products such as Latisse or other serums should be stopped at least 2 months prior to procedures as the use of these products will increase the risk of migration. _____ **(initial)**
- In the event of a CAT or MRI scan, please inform your physician of your Permanent Make-up Cosmetics as pigments contain iron oxides. A slight pulling or burning sensation (rare) may occur during the test. _____ **(initial)**
- I acknowledge that the obtaining of Permanent Make-up procedure(s) is my choice alone and I consent to the application of the procedure and accept the risks _____ **(initial)**

I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding contract that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s) I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature: _____ Date: _____

Artistree, LLC Confidential Client History

Name: _____ Date: _____

To avoid unforeseen complications, please answer the following questions:

- Y N** Are you over the age of 18 years?
- Y N** Have you had any aspirin or blood thinning products within the last 7 days?
- Y N** Are you on Warfarin or other blood thinners?
- Y N** Are you sensitive to Latex?
- Y N** Have you had a chemical or laser peel?
- Y N** Do you have problems with healing?
- Y N** Previous problems with tattoos or has our physician advised you not to have a tattoo at this time?
- Y N** Are you currently undergoing radiation or chemotherapy?
- Y N** Are you currently taking any chemotherapy medications?
- Y N** Are you currently 6 weeks pro or post Radiation/chemotherapy treatment?
- Y N** Do you wear contact lenses?
- Y N** Are you allergic to any metal (e.g. Can only wear 14K gold)?
- Y N** Have you had any permanent makeup procedures before? Prior to Artistree? Area? When?

- Trichotillomania
 - Allergies to makeup
 - Accutane/Retin-A
 - Cold sores
 - Keloids
 - Glaucoma
 - Diabetes
 - Stroke
 - Chest pains
 - Shortness of breath
 - Alopecia
 - Smoker
 - Cataract surgery
 - Tear duct plugs
 - Planning on Facial Plastic Surgery
 - Cancer (list below)
 - Hepatitis C
 - Scar(s) in area
 - Facelift/Forehead/Brow Lift (When) _____
 - Botox/Fillers – Area(s) _____
 - Antabuse or Roccutane medication in the last 6 months?
- Eczema/Dermatitis
 - Hepatitis/Jaundice/HIV
 - Kidney Disease
 - Tendency to bleed
 - Thyroid issues
 - Hyper-pigmentation
 - Hypo-pigmentation
 - Herpes Simplex
 - Refractive eye surgery
 - Autoimmune disorders
 - Hemophilia
 - Eyelid Surgery
 - Lasik Surgery
 - Ocular Herpes
 - Head Injury/Trauma
 - Laser removal of brows
 - Eyebrow Transplant
 - Oily/Severely Oily skin
 - Psoriasis

[] Other Medical Conditions: LIST BELOW or on the back of this form.

- Y N** Medication, including immunosuppressive, such as anti-inflammatory or steroids?
- Y N** Are you epileptic and have you experienced a seizure in the last 2 years?
- Y N** Are you allergic to topical anesthetic numbing creams or desensitizers?
- Y N** Is there any history of skin diseases or remarkable skin sensitivities?
- Y N** Are you pregnant, trying or nursing?
- Y N** Are you required to take antibiotics before or during dental or invasive medical procedures?
- Y N** Do you have any drug allergies? If yes, list in space provided at the end of the form.
- Y N** Are you currently taking medication or high or low blood pressure?
- Y N** Did you work out today?
- Y N** Have you consumed alcohol or drugs today?

Do you, or have you had, any of the following:

- Tuberculosis MRSA/STAPH
- Heart condition/Pace Maker/Defibrillator

Please explain any checked question, list any other medical conditions or allergies, and list all your medications:

I confirm that there are no changes to the original information I gave.

Client's Signature

Date

Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.



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STANDARD TATTOO/PERMANENT MAKEUP RELEASE FORM

I am at least 18 years of age. I do not have a heart condition. I do not have epilepsy. I have not had Hepatitis within the last year. I am not a hemophiliac (bleeder). I am not under the influence of drugs or alcohol. I understand that certain medications can effect how well the body may retain pigment color.

To my knowledge, I do not have any physical, mental, or medical impairment or disability, which might affect my well being as a direct or indirect result of my decision to have any tattoo-related work done at this time. I agree to follow all instructions concerning the care of my tattoo while it is healing. I agree that any touch up work needed; due to my own negligence, will be done at my own expense. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin. Being of sound mind and body, I hereby release any and all persons representing Artistree, LLC from all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any tattoo-related work done by Artistree, LLC. I agree not to sue in connection with any and all damages, claims, demands, rights, and caused by any negligence of Artistree, LLC. I agree for myself, my heirs, assigns, and legal representatives to hold harmless from all damages, actions, causes of action, claim judgments, costs of litigation, attorney's fees, and all other costs and expenses which might arise from my decision to have any tattoo-related work done by Artistree, LLC. I agree to pay for any and all damages and injuries to any and all persons and property belonging to Artistree, LLC or any other person to whom Artistree, LLC may become liable contract contractually or by operation of law, caused by, or resulting from my decision to have any tattoo-related work done by Artistree, LLC. I agree to leave the premises of Artistree, LLC or any other establishment where is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employees of Artistree, LLC. I agree that these waivers also pertain to and are designed to protect any and all establishments where Artistree, LLC conducts business. I represent and warrant to Artistree, LLC that the following information is true and correct.

Name: _____ Age: _____ Date: ___/___/___

Address: _____ Phone: _____

EMAIL: _____

I have read and understood each of the above paragraphs.

Signature: _____

Area of Cosmetic Procedure: _____



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PHOTOGRAPHER'S MODEL RELEASE

Please Check

_____ I hereby authorize Pam Winnie to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for the purpose of advertising. For areola micro pigmentation, supplying the surgeon a copy of the finished photographs for their records.

_____ I hereby authorize Pam Winnie to take photographs of the work performed both before and after treatment to be maintained only in my file.

_____ Date _____
Customer Signature

***Release of Liability
Request for Procedure(s) Performed Over Existing Pigment***

I understand the risk of pigment changes over existing procedures may require several treatments. Allergic reactions may occur with permanent cosmetic pigments at any point in time. I have been advised that using another supplier's pigment over my existing pigment can encourage this reaction. Understanding this risk, I wish to have my existing permanent cosmetic procedure(s) corrected and/or refreshed and hereby release Pam Winnie, Artistree, LLC and assigns from all manner of liabilities, claims, actions, and demands, in law or in equity, which I have or might have now or hereafter by reason of complying with my request for said procedure.

Client Name (Please Print) _____ Date _____

Client Name (Signature) _____



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SIGNATURE COPY: Please read carefully

FOR ALL CLIENTS WHO HAVE PERMANENT COSMETIC MAKEUP PROCEDURE PERFORMED:

We only use the very finest, sterile pigments available. With the most advanced application techniques for our permanent makeup procedures, some of these procedures may need to be repeated because the original application can fade anywhere from 25% to 50%. Individual chemical and genetic makeup can affect the final result. **Note: some pigments may contain trace amounts of iron oxides, which during MRI's may cause slight tingling or warming sensations. Advise your Doctors of any permanent makeup prior to your test.*

We cannot accurately predict how much fading you might experience with your procedure.

We sincerely hope that you're one of those lucky individuals who get perfect results with only one application, but this cannot be guaranteed. Please remember that the amount of pigment you retain or lose after your initial application is not a reflection of the quality of work. In case your procedure must be repeated, you have to wait at least 6 weeks from the date of your original application.

UNDER NO CIRCUMSTANCES CAN AN APPLICATION BE REPEATED WITHIN A TIME FRAME OF LESS THAN 6 WEEKS. AREOLA WORK MINIMUM 8 WEEKS OR MORE. The tissue is not ready to absorb new pigment.

Prices quoted for your permanent makeup is for your original permanent makeup procedure. Not all customers need touch-ups. Our prices are competitive, so you don't have to pay extra for something you may not need. Your follow up appointment will be made 6 weeks after your initial procedure. At this time it will be determined if you need a touchup. It is imperative that you keep this appointment to achieve the best results of your enhancement.

PLEASE READ CAREFULLY: Should you need to cancel, there is a 24 hour cancellation policy to avoid a \$50.00 cancellation fee. Please understand that clients request appointments every day, and since my appointments run between 2 or more hours if you do not allow me the time to rebook your appointment it leaves a deficit in my calendar when someone else could have replaced you. A credit card no. will be required to confirm your follow-up appointment. I will make every attempt to email and/or phone you to confirm your appointment prior to your appointment date. THANK YOU FOR YOUR UNDERSTANDING!

WE CHARGE \$100.00 for touchups

Name: _____

Date of Service: _____

Phone No. _____

Procedure: _____

Email: _____



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Expectations & After Care Instructions
DO NOT PANIC – THE COLOR WILL LIGHTEN

Eyebrows

1. Dryness and itching in the treated areas.
2. Flaking
3. Tenderness – May be a little tender if individual is hyper sensitive to pain.

Eyeliner & Lash Enhancement

1. Eyelashes may stick together the next morning.
2. Puffy eyelids for 2 or 3 days
3. Tenderness
4. Redness or mild bruising around the eyes.
5. Itchiness (if poor hygiene is used, an infection can occur and medical treatment may be necessary).
6. Swelling. If swelling lasts beyond 2 days, remove all ointments and keep dry.

Lip Liner & Full Lip Color

1. Dryness in treated area.
2. Fever blisters or cold sores (treat with Zivoraz cream or tablets)
3. Scabbing
4. Lightly pat ointment on to lips. Rubbing ointment on to lips may remove pigment.

PLEASE FOLLOW THIS REGIMENT OF DAILY CARE:

1. Apply icepacks protected with a cloth for 10 – 30 minutes as necessary to reduce swelling. Sleeping slightly elevated can help alleviate swelling sometimes seen the morning after facial procedures.
2. Wash your hands before touching any treated area. A cotton swab may be used to gently cleanse the eye area. For brows, try to keep dry as much as possible for the first 3 days. Then day 4 - 7, carefully apply a small amount of Vaseline before showers. Gently blot dry afterwards.
 - Gently clean with water or small amount of mild soap or baby shampoo.
 - Blot dry, do not rub.
 - Do not expose the area to unsanitary conditions. Wearing glasses outdoors can protect new eyeliner from dust, etc., that can stick to the healing agent.
 - If your lashes are sticking together, moisten with distilled water and remove residue with a cotton swab.
3. Some itching is normal. DO NOT PICK, PEEL, RUB OR SCRATCH the epithelial crust, allow it to flake off on its own, otherwise your color may heal unevenly and you risk scarring and infection. (You may consider taking Benadryl if that helps).
4. EYELINERS: Use ointment (Aquaphor or Vaseline) twice a day for 3 days. **Apply sparingly!**

BROWS: No ointments for 72 hours after procedure, (Cavilon Barrier Film used on you is waterproof and will protect your brows for the first 3 days.) Then use After Inked twice a day for 3 days. ***Apply Sparingly!***

5. No makeup is to be applied for 72 hours after the procedure. Purchase new mascara after any eyeliner procedure. The old one may have bacteria in it. Do not use an eyelash curler for 2 weeks.
6. If you wear contact lenses, wait 1 day after procedure before inserting them. Artificial tears may be used.
7. DO NOT expose your healing skin to direct sun, tanning beds, hot tubs, saunas, salt water or chlorinated pools, cleansing creams, ointments or lotions on treated areas other than what you've been instructed to use for 2 weeks following your procedure.
8. After lip procedure, keep your lips moist at all times. Avoid spicy foods or heat. If using herpes medications, continue as prescribed. Do not use teeth bleaching products until fully healed.

LONG TERM CARE

1. ***ALWAYS use a good sunscreen daily*** (30 or stronger, or total sunblock) – even the lips require protection. This will help to keep the pigment from fading. Sunscreen Sticks are great for protecting brows.
2. If you are planning chemical exfoliation, MRI or any medical procedures, please inform your physician of your cosmetic tattoo.
3. If you donate blood, it is a Red Cross policy that you wait one year after any tattooing procedure in unregulated states – check if restrictions apply to you.

Within six weeks the final effect of your permanent makeup will be obtained.

Remember, colors appear brighter and more sharply defined immediately following the procedure. As healing progresses, color will soften.

I understand that at the first sign of an infection, adverse reaction or allergic reaction to the procedure, I must notify Pam Winnie, and a health care practitioner. Failure to follow the after care instructions may cause loss of pigment, discoloration or infection. To confirm that I have been advised of what is required to maintain the best Results in my Permanent Makeup Procedure, and what I should expect in the days afterwards, I hereby sign this document committing to adhere to the instructions outlined above. I also acknowledge that I have been given a copy of these instructions for my records.

SIGNED:

Name: _____

Date: _____

Procedure(s): _____