



<b>To be completed by technician only</b> <b>Photocopy Driver's License here</b> <b>Or Record Necessary Information</b>
Name: _____
License Number: _____
State: _____
Date of Birth: _____
Age: _____

## Medical History For Micropigmentation

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

No. & Street

City

State

Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Personal Health History:

- Do you wear contact lenses? \_\_\_\_\_
- Do you have allergies to lidocaine? \_\_\_\_\_
- Are you allergic to any metals, hair dyes, glues, or adhesives? \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_
- Have you ever had any fever blisters, cold sores, canker sores, or oral herpes? \_\_\_\_\_
- Do you have any history of skin diseases or any particular skin sensitivities? \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_
- Have you ever had any permanent makeup procedures? \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_
- Have you ever experienced hyper-pigmentation from an injury? \_\_\_\_\_
- Are you currently taking aspirin or ibuprofen? \_\_\_\_\_
- Are you using any eye drops or other ocular medications? \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_

When was your last eye exam? \_\_\_\_/\_\_\_\_/\_\_\_\_ Examining Physician: \_\_\_\_\_

List all medications you are currently taking, including Retin A, Glycolic Acid, and Accutane:

\_\_\_\_\_

List any drug, makeup, skin, or food allergies (i.e., soaps or cleansing creams): \_\_\_\_\_

Have you recently undergone a skin peel? \_\_\_\_\_

Are you now or have you been under the care of a physician within the last two years? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am being treated for the following condition(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have or have you had any of the following conditions? (please check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abnormal Heart Condition   | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Corneal Abrasions     |
| <input type="checkbox"/> Cold Sores/Fever Blisters  | <input type="checkbox"/> Fainting Spells/Dizziness | <input type="checkbox"/> Eye Surgery or Injury |
| <input type="checkbox"/> Hemophilia                 | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> "Dry Eye"             |
| <input type="checkbox"/> High or Low Blood Pressure | <input type="checkbox"/> Glaucoma                  | <input type="checkbox"/> Visual Disturbances   |
| <input type="checkbox"/> Prolonged Bleeding         | <input type="checkbox"/> Chemotherapy/Radiation    | <input type="checkbox"/> Cancer                |
| <input type="checkbox"/> Circulatory Problems       | <input type="checkbox"/> Pregnancy                 |  |

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Disclosure and Consent for Tattoo and Dermal Procedures

I, \_\_\_\_\_, as a client have requested that you describe the procedure to be utilized so that I may make an informed decision whether or not to undergo the procedure. You have described the recommended procedure to be used as Micro Pigment Implantation, the process of implanting micro insertions of pigment into the dermal layer of skin. Micro Pigment Implantation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage. I voluntarily request as my intra-dermal cosmetic technician, Natalie Hoxworth, C.S.C.P., Medical Aesthetician and such association and technical assistance as she may deem necessary to perform the following procedure(s):

UPPER EYELID   LOWER EYELID   EYEBROW   FULL LIP COLOR   LIPLINER   EYELINER   MICROBLADING

### Disclosure and Consent for Tattoo and Dermal Procedures. (please initial)

\_\_\_\_\_ I hereby authorize Natalie Hoxworth, C.S.C.P., Medical Aesthetician 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.

\_\_\_\_\_ I hereby authorize Natalie Hoxworth, C.S.C.P., Medical Aesthetician to take photographs of the work performed both before and after treatment to be maintained only in file.

\_\_\_\_\_ 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 have informed Natalie Hoxworth, C.S.C.P., Medical Aesthetician that I am in good health and not under the care of any physician.

\_\_\_\_\_ I understand that no warranty or guarantees have been made to me as to the results.

\_\_\_\_\_ I understand that there is a possibility of hypo-pigmentation resulting from the procedure, especially in individuals prone to hyper-pigmentation from scarring or other injury.

\_\_\_\_\_ I have been told that there may be risks and hazards related to the performance of the procedure planned for me.

\_\_\_\_\_ I have been told that this procedure may involve pain and discomfort.

\_\_\_\_\_ I have been told that the markings are permanent and there is a risk of infection following the procedure.

\_\_\_\_\_ I have been told that a follow up procedure may be required and that the color of pigmentation may fade.

\_\_\_\_\_ I have been told that there is a chance that I may experience a corneal abrasion from the eyeliner procedure.

### **Disclosure and Consent for Tattoo and Dermal Procedures**

\_\_\_\_\_ I have been told that there is a chance of an allergic reaction to pigment and that my body may reject the pigment.

\_\_\_\_\_ I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

\_\_\_\_\_ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Natalie Hoxworth, C.S.C.P., Medical Aesthetician.

\_\_\_\_\_ I understand that if I have an infection, adverse reaction, or allergic reaction to the procedure, I must notify Natalie Hoxworth, C.S.C.P., Medical Aesthetician.

\_\_\_\_\_ I have received a copy of the Post Procedure Instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.

\_\_\_\_\_ I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Technician: Natalie Hoxworth

## Micropigmentation Fees

Eyebrows	\$400
Microblading	\$400
Upper Eyeliner	\$250
Lower Eyeliner	\$250
Upper & Lower Eyeliner	\$350 (starting at)
Eyeliner Wing Add-On	\$50
Lip Liner	\$250
Full Lips	\$400
Established Client Touch up	\$125 - \$195 (depending on area)
Color Correction	\$150 minimum per session

**I understand that prices include initial visit and one touchup within 90 days, excluding color correction, any additional touch-ups will be charged accordingly.**

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

\_\_\_\_\_  
Date

## Micropigmentation Post Procedure Instructions

Immediately Following Cosmetic Tattoo Procedure:

- You may apply ice to treated area for 10 - 30 minutes. Ice helps reduce swelling and aids in healing. Please sleep with head elevated the first night to help with swelling. You may use cold compress upon awaking if necessary.

For 5-10 Days Following Cosmetic Tattoo Procedure:

- Do not expose treated area to the sun.
- Do not apply makeup over the treated area for 10 days.
- Absolutely no cleansing creams or chemicals. Gently cleanse the treated area with a mild antibacterial soap day one only, or rinse with water and lightly pat the area dry before applying Bacitracin ointment. Apply Bacitracin 3-4 times a day for 2 days. This is especially important after cleansing and before bedtime. Then, on day 3 begin applying Aquaphor 4 times a day for a total of 5 days.
- Absolutely no scrubbing. Do not pick at the epithelial crust; allow it to flake off on its own.
- Do not soak treated area in the bath, swimming pool, or hot tub. Do not swim in fresh, salt, or chlorinated pool water.
- Do not expose treated area to full pressure of the water in the shower.
- If you are a blood donor, you cannot give blood for 1 year. (Per American Red Cross)

Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection. Remember, colors appear brighter and more sharply defined immediately following the procedure. As the healing progresses, color will soften. Makeup may not be used until completely healed.

If necessary, an appointment for a touch up procedure may be made between 4 and 6 weeks following the initial procedure. IF YOU HAVE ANY QUESTIONS or concerns please call Laser Lounge Med Spa at 512-863-2118. Enjoy your permanent cosmetics!

I have read and understand the above instructions:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In the rare event you have an allergic reaction, or infection as a result of the procedure please consult with your health care practitioner and report any diagnosed infection, allergic reaction or adverse reaction resulting from the procedure to Natalie Hoxworth at 512-863-2118 or Texas Department of State Health Services, Drugs and Medical Devices Group, at 1-888-839-6676.

Date: \_\_\_\_\_ Technician: Natalie Hoxworth

Referred By: \_\_\_\_\_

Fees Discussed: \_\_\_\_\_

Procedure Request: \_\_\_\_\_

Pigment(s) Used: \_\_\_\_\_ Anesthetic Used: \_\_\_\_\_

Machine(s) Used:      Power Pen          Digital          Microblade

Needle(s) Used:      Flat          Round

Pre-op photos done: \_\_\_\_\_ Post-op photos done: \_\_\_\_\_

Patch Test done: \_\_\_\_\_ Pre/post Cleansed with Vionex

Lot # & Batch #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Color Used - Eyeliner: \_\_\_\_\_ Lip: \_\_\_\_\_ Brows: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_