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PMU: LIP BLUSH RELEASE WAIVER

Client: _____ Phone # _____

Address: _____ City/Prov: _____

Postal: _____ Email: _____

DOB: _____ How did you hear about us?: _____

I hereby declare that I have been informed, in detail, about the PMU Lip Blush method and procedure which will be performed. I was informed that needles are used for the treatment to inject colour pigments into the upper layers of the skin.

I am aware that it is not possible to predict how durable and intensive the lip colour will be and that durability and colour intensity depend on age, skin type, and environmental conditions of the treated person. I am aware that the treatment with the pigmenting needles can cause skin irritation and minor inflammation of the skin which usually disappears within 24-36 hours. If predisposed to cold sores, start taking medication immediately, as trauma to the lip can cause an outbreak and may affect pigment retention.

I have been informed that the pigments will appear darker within the first few days immediately following the procedure than the final result. It will be necessary to undergo a follow up treatment. I have been informed of the section of skin to be pigmented may be anesthetized/numbed with a surface anesthetic.

I have been informed that medicines affect different individuals in different ways. Just because side effects have occurred in some cases, it does not mean they will occur to me. Some common side effects anesthetics may include: Allergic reaction, light headedness, drowsiness/dizziness, vomiting, numbness of the tongue, unusually slow heartbeat.

I authorize the use of my photographs taken by the technician to be used on social media and shown to potential clients.

I have listed any allergies that I have:

Furthermore, I state that:

- I am not diabetic
- I am not hemophiliac
- I am not allergic to Red Lake #5
- I do not test positive for the HIV or Hepatitis Viruses
- I am not pregnant

I have informed the Technician of any medication I am currently taking, which may affect blood coagulation during the Lip Blush procedure, these include:

- Blood Thinners • Sleeping Pills
- Blood Pressure Medications • Chemical Peels
- Diuretics • Hormone Replacements
- Painkillers • Antibiotics
- Tranquilizers • Immuno Suppressants
- Dermatological Medications (Accutane)

Result of drawing and color chosen has been presented to me before the pigmentation process has been started: YES / NO

This form was signed before the treatment: YES / NO

I hereby declare that I am not intoxicated and that I am fully aware of the treatment procedure and that I understand the above statement to be true. I give my consent to have PMU: Lip Blush performed and assume full responsibility for the outcome. I do not and will not hold The Vanity Vault or the technician responsible or liable should the result may not be as discussed or as I had imagined.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____

Lips: FULL / PARTIAL Price: _____ **Internal use only**

Colour: _____ Needle #: _____

Notes: _____

PMU: LIP BLUSH POST PROCEDURE INSTRUCTIONS

The colour of your permanent makeup procedure will be 50% darker immediately after the treatment. Do not worry it will start to get lighter between 4-10 days this is perfectly normal and the true healed colour will take about 4-6 weeks to come through. In some cases, it can look like the permanent makeup pigment colour has disappeared which is due to the healing layers of the skin obscuring the colour temporarily. At this point, you just have to let it develop and certainly do not have any further permanent cosmetics work carried out during the 4- 6 weeks period.

Your skin will be temporarily sensitized after the treatment and you should adhere to the following instructions for the next seven (7) days. This will help avoid infection and will allow time for the skin to recover.

- If you apply makeup during the 7 days following the treatment, you do so at your own risk.
- You can cleanse the treatment area two or three times a day if needed, using warm water, and a lint free wipe.
- Clients who have been prescribed an antibiotic cream should follow the instructions of their medical practitioner.
- Apply a Polysporin ointment with a cotton swab only (no fingers) for the first 2-3 days.
 - Keep moist at all times with a good lip balm (Blistex, Burts Bees, Chapstick) during the healing process.
 - Healing will take up to four weeks and it is perfectly normal for the treated area to scab. These scabs will fall off within a few days.
- It is normal for the colour to fade during the two weeks following the treatment.

During the post treatment period, please try to avoid the following:

- Spicy and salty food
- Kissing
- Using soaps, cleansers, creams or makeup on the treated area.
- Facial treatments, waxing and using any form of bleach.
- Any abrasive products, rough towels or similar.
 - DO NOT TOUCH or PICK the small scabs that may appear after the treatments. Let them slough off naturally, otherwise you may disrupt the pigment retention.
- Taking hot baths, saunas, steam, swimming pools, salt water, and any direct shower spray on the treated area. If area does get wet, just pat dry with a Kleenex.
- Sunbathing, and tanning beds.
- Should an infection occur, seek medical attention

Aftercare procedures have been explained to me in detail and I have read the instructions given on this sheet. I read, understood and a copy of post procedure instructions were given to me for reference.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____