



LIP BLUSH WAIVER AND PRE APPOINTMENT INSTRUCTIONS...

MICROPIGMENTATION IS NOT FOR THOSE WHO ARE:

- PREGNANT OR NURSING (CANNOT HAVE PROCEDURE)
- DIABETIC (COULD CAUSE POOR RETENTION DUE TO SLOWER HEALING OR POSSIBLE INFECTION....NEED DOCTORS NOTE)
- UNDERGOING CHEMOTHERAPY (CANNOT HAVE PROCEDURE UNTIL CHEMO IS FINISHED AND MUST PROVIDE A DOCTORS NOTE CLEARING YOU FOR THE PROCEDURE)
- HIV OR HEPATITIS
- A HISTORY OF MRSA
- AUTO-IMMUNE DISEASE
- THYROID/GRAVES DISEASE (MEDICATIONS MAY CAUSE POOR RETENTION)
- ANEMIA (COULD CAUSE POOR RENTION)
- SUNBURN (THE SKIN EXFOLIATES WITH SUNBURN AND WILL TAKE THE PIGMENT WITH IT) YOU WILL NEED TO RESCHEDULE.
- IF YOU HAVE USED PRESCRIPTION ACCUTANE IN THE PAST YEAR
- HISTORY OF KELOID OR HYPERTROPHIC SCARRING
- IF YOU ARE UNDER A DOCTORS CARE AND HAVE ANY QUESTIONS AT ALL ABOUT BEING ABLE TO HAVE THIS PROCEDURE, IT IS YOUR RESPONSIBILITY TO MEET WITH YOUR DOCTOR AND GET WRITTEN APPROVAL.

PRE APPOINTMENT INSTRUCTIONS

- EXFOLIATE LIPS ONCE A DAY FOR A WEEK LEADING UP TO YOUR APPOINTMENT, USING SUGAR AND HONEY SCRUB. KEEP LIPS MOISTURIZED AS MUCH AS POSSIBLE. (DO NOT EXFOLIATE THE DAY OF YOUR APPOINTMENT)
- NO DRINKING ALCOHOL OR CAFFEINE, AND NO BLOOD THINNERS (INCLUDING ADVIL) AT LEAST 24 HOURS BEFORE APPOINTMENT
- STOP USE OF RETINOIDS OR VITAMIN A NEAR PROCEDURE AREA ONE MONTH PRIOR TO THE PROCEDURE AS IT CAN INCREASE SKINS NATURAL EXFOLIATION AND COMPROMISE FINAL RESULTS.
- NO FILLER IN THE PROCEDURE AREA 1 MONTH BEFORE AND AFTER LIP BLUSH
- BRING IN YOUR FAVORITE LIP COLOR IF YOU WOULD LIKE TO TRY AND ACHIEVE THAT SHADE
- **VERY IMPORTANT**....IF YOU ARE PRONE TO, OR HAVE EVER HAD A COLD SORE CAUSED BY ANYTHING (WEATHER, FOOD, STRESS, BEING SICK, ETC...) PLEASE CONTACT YOUR DOCTOR FOR A PRESCRIBED ANTI-VIRAL MEDICATION, STARTING THE MEDS 48 HOURS PRIOR TO YOUR APPOINTMENT AND CONTINUE UNTIL ITS FINISHED. LIP TATTOOING CAN CAUSE OUTBREAKS THAT CAN CAUSEPOOR HEALING AND RETENTION, NOT TO MENTION CAN BE VERY UNCOMFORTABLE OR EVEN PAINFUL. YOU CAN STILL HAVE LIP BLUSHING WITH ZERO ISSUES, I JUST WANT TO INSURE THE BEST RESULTS POSSIBLE, WITH LITTLE TO NO DISCOMFORT. CONSULT WITH YOUR DOCTOR FOR ADDITIONAL QUESTIONS.
- IF YOU HAVE ANY SCRATCHES/CRACKS OR BLEMISHES IN THE AREA, ITS BEST TO RESCHEDULE.

RECOMMENDATIONS

- ORAL ARNICA HELPS WITH PREVENTING BRUISING AND SWELLING. TWO TABLETS CAN BE TAKEN 3 TIMES A DAY. YOU MAY START THE DAY BEFORE AND CONTINUE THE DAY OF AND AFTER TREATMENT. IT CAN BE FOUND AT MOST PHARMACIES
- IF YOU ARE PRONE TO COLD SORES OR HAVE EVER HAD AN OUTBREAK IN THE PAST FOR ANY REASON IT IS SUGGESTED TO CONSULT WITH YOUR PHYSICIAN IN REGARDS TO RECEIVING VALTREX TO PREPARE FOR YOUR LIP BLUSH TREATMENT. YOU WILL NEED TO TAKE THE PRESCRIPTION 48 HOURS BEFORE HE START OF YOUR APPOINTMENT AND CONTINUE TO FINISH THE DOSAGE AS STATED ON THE BOTTLE.

I ACKNOWLEDGE THAT MY PHOTOS WILL BE USED FOR PROMOTIONAL AND ADVERTISEMENT PURPOSES. I AGREE TO RELEASE AND HOLD HARMLESS ARCHES FOR ANGELS LLC/NICOLE MCGOWAN FROM ANY AND ALL CLAIMS, DAMAGES OR LEGAL ACTIONS CONNECTING TO MY PERMANENT MAKEUP TATTOO, INCLUDING THE PROCEDURE AND STEPS NECESSARY TO APPLY AND COMPLETE THE TATTOO, ALSO ALLERGIC REACTIONS OR POSSIBLE INFECTIONS THAT COULD ACCURE DURING OR AFTER THE PROCEDURE.

BY SIGNING THIS DOCUMENT YOU AGREE THAT YOU HAVE READ, UNDERSTAND AND ACCEPT ALL TERMS ABOVE, YOU CONSENT TO THE PROCEDURE OF PERMANENT MAKEUP WITH NICOLE MCGOWAN AND ACCEPT FULL RESPONSIBILITY FOR ANY COMPLICATIONS THAT MAY ARISE DURING OR AFTER THE PROCEDURE.

PRINT NAME: _____ DOB _____

CELL: _____ EMAIL: _____

DATE OF SERVICE: _____

CLIENT SIGNATURE: _____