

**Pre-Procedure Form**

**Our client’s health is our main priority. The following all require medical clearance on your doctors Letterhead or prescription pad prior to your procedure. Please check which applies to you:**

**\*If you are pregnant or nursing, permanent makeup procedures cannot be done.**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Heart valve replacement</li> <li><input type="checkbox"/> Pacemaker</li> <li><input type="checkbox"/> Joint replacement (Per your Doctors’ recommendation)</li> <li><input type="checkbox"/> Long term steroids</li> <li><input type="checkbox"/> Full round of Chemotherapy</li> <li><input type="checkbox"/> Active rashes, breakouts, open sores or fever blisters anywhere on your face</li> <li><input type="checkbox"/> Shingles or Bell’s Palsy within 1 year</li> <li><input type="checkbox"/> Are you currently under a doctor’s care for a condition?<br/>Explain: _____</li> <li><input type="checkbox"/> Do you require pre-medication for dental procedures?</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Titanium rods</li> <li><input type="checkbox"/> Organ transplant</li> <li><input type="checkbox"/> Insulin dependent diabetic</li> <li><input type="checkbox"/> Stents</li> <li><input type="checkbox"/> Screws</li> <li><input type="checkbox"/> Blood Thinners</li> <li><input type="checkbox"/> Seizures</li> <li><input type="checkbox"/> Lupus</li> </ul> |
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**Required Waiting Periods**

***Do not use any facial products or cleansers with Retinol or Glycolic Acid 1-2 weeks after your procedure***

**EYEBROW**

- **Botox or Disport** – 1 Day since you cannot lie flat for at least 5 hours
- **Topical Acne Cream** – Benzoyl Peroxide, Clindamycin, Proactiv – 1 week
- **Chemical Peels** that include retinols, glycolic acid (A.H.A) and Vitamin C – 4-6 weeks
- **Laser Resurfacing** 8-weeks
- **IPL** (intense pulsed light) – 1-2 weeks
- **Suntanned skin** – 3-4 weeks for your face and 2-3 months for scar camouflage

**EYELINER**

- **Eyelash extensions** must be removed 1-2 days prior to procedure
- **Contact lenses** must be removed prior to procedure, bring glasses
- **Latisse or any eyelash enhancement** (including mascaras)-minimum of 2 weeks off (causes excessive bleeding, bruising, and color may not be retained)
- **Stye or Chalazion** – wait 2 wks. from time of healing
- **Lasik** - Cataract Surgery – must wait 3-months to heal or 1 month prior to eye surgery
- **Eye Diseases (i.e. Glaucoma or Graves’ Disease: Hyper Thyroid)** – require medical clearance
- **Blepharitis: CONTAGIOUS** – requires medical clearance

**LIP**

- **Fever blisters:** If you have EVER had 1 in your lifetime, you will require an antiviral (Valacyclovir) prescription from your family doctor to start as prescribed. Request enough medication for your touch-up visit to avoid 2-co-pays.
- **Fillers** (i.e. Juvaderm, Silk, Voluma, Sculptra, etc.) - 1-week minimum waiting period
- **Fat transfer in lips** –1-month waiting period for swelling to subside

**ACCEPTANCE: \*\*Please read thoroughly before signing\*\***

I confirm that I have reviewed the information and have completed to the best of my knowledge.

Client Name (Print): \_\_\_\_\_

Signature of Client X \_\_\_\_\_ Date: \_\_\_\_\_