

Thank you for choosing Northern Nevada Permanent Makeup. Below you will find all of the information pertaining to your appointment.

Please print out, fill out, and bring all pages with you on the day of your appointment (including duplicate pages).

Also, please stop taking any non prescribed medication (including vitamins) 3 days prior to your appointment. This will help prevent any unnecessary bleeding during your procedure.

I accept cash and all major credit/debit cards

**I am located at:
418 Flint St.
Reno, NV 89501**

If you have any questions, please do not hesitate to contact me!

I look forward to meeting you!

Amber
775-997-9630

COVID-19 Guidelines:

- 1. All clients must wear a mask to their appointment**
- 2. No friends, family, or children are allowed to accompany you to your appointment**
- 3. Please do not enter the building until I text you.**
- 4. Please do not arrive early to your appointment. This ensures that I have plenty of time to fully sanitize my building between clients.**
- 5. Please leave your jacket in your car.**
- 6. Please bring in only minimal personal items (a purse is okay).**
- 7. There will be hand sanitizer available for your use.**
- 8. Feel free to wash your hands when you arrive.**
- 9. I will be wearing a mask at all times during your appointment, I apologize for the impersonal feeling that this might give, but I am committed to your safety.**

northernnevadapm@yahoo.com

{please print clearly}

Name:		Date:
Address:		
City:	State:	Zip:
Cell Phone:	Home/Work Phone:	
Best time to reach you: AM / PM		
Email:		
Drivers License #:	Date of Birth:	Age:
Referred By:		

Disposed of needles:_____

Comments / Questions:

Northern Nevada Permanent Makeup - STANDARDIZED FORM

CONFIDENTIAL MEDICAL PROFILE

NAME:	DATE:
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To avoid unforeseen complications, please answer the following questions:

Are you over the age of 18?.....	Yes ^o	No ^o
Have you taken any Aspirin or Blood Thinners within the last 7 days?	Yes ^o	No ^o
<i>If yes, when? _____</i>		
Have you taken any mood altering drugs in the last 8 hours?	Yes ^o	No ^o
<i>If yes, when? _____</i>		
Do you have a history of Cold Sores, Herpes, or Fever Blisters?	Yes ^o	No ^o
Are you sensitive to Latex?	Yes ^o	No ^o
Have you had a chemical or laser peel?.....	Yes ^o	No ^o
<i>If yes, when? _____</i>		
Do you have problems with healing?	Yes ^o	No ^o
Previous problems with tattoos, or has your physician ever advised you to not have a tattoo?.....	Yes ^o	No ^o
Are you or have you been undergoing radiation or chemotherapy in the last 12 months?	Yes ^o	No ^o
Are you currently using Retin A or Alpha Hydroxy skin care products?	Yes ^o	No ^o
Are you currently using Latisse (or any lash growth serum)?.....	Yes ^o	No ^o
Do you wear contact lenses?	Yes ^o	No ^o
<i>If yes, I understand they MUST be removed prior to eyeliner procedure and should not be replaced no less than 24 hours later</i>		
Are you allergic to any metals?	Yes ^o	No ^o
Have you ever had any Permanent Makeup procedure(s) before?	Yes ^o	No ^o
Have you ever had any Tattoos before?	Yes ^o	No ^o
Are you allergic to topical antibiotic preparation or desensitizers?	Yes ^o	No ^o
<i>e.g: Polysporin, Bacitracin, Neosporin, Petroleum or ANY of the "Caine" family of drugs.</i>		
Do you have a history of skin disease or remarkable skin sensitivities?	Yes ^o	No ^o
Are you presently taking Vitamin A or Vitamin E in any form other than a multivitamin?	Yes ^o	No ^o
Are you or have you been Pregnant or Nursing in the last 12 months? (circle whichever applies)	Yes ^o	No ^o
Are you required to take antibiotics before or during dental or invasive medical procedures?	Yes ^o	No ^o

Please check any of the following that pertain to you:

<ul style="list-style-type: none"> <input type="radio"/> Heart Condition <input type="radio"/> Allergies to Makeup <input type="radio"/> Accutane Treatment <input type="radio"/> Dry Eyes <input type="radio"/> Keloids or Hypertrophy <input type="radio"/> Diabetes <input type="radio"/> Stroke <input type="radio"/> Chest Pains <input type="radio"/> Shortness of Breath <input type="radio"/> Alopecia 	<ul style="list-style-type: none"> <input type="radio"/> Hepatitis / HIV <input type="radio"/> Kidney Disease <input type="radio"/> Excessive Bleeding from minor injury <input type="radio"/> Hyper - pigmentation <input type="radio"/> Hypo - pigmentation <input type="radio"/> Refractive Eye Surgery <input type="radio"/> Glaucoma <input type="radio"/> Autoimmune Disorder <input type="radio"/> Epilepsy / Seizures 	<p>PLEASE EXPLAIN ANY CHECKED QUESTIONS OR SYMPTOMS & LIST ANY OTHER MEDICAL CONDITIONS.</p> <p>PLEASE LIST ALL YOUR MEDICATIONS:</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>
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PHYSICIANS NAME : _____ **PHONE:** _____

Permanent Makeup Technician makes no attempt to, or to claim to practice medicine. Some individuals will have complications related to permanent makeup application. These conditions are usually mild and last only a few days; however, extreme complications are always possible. 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. Permanent makeup procedures are affected by the canvas that they are performed on. If your skin is undamaged, thick or uneven in texture, or excessively dry or oily, the result cannot be expected or predicted to be perfect or to follow normal healing guidelines. Scars on the lips from fever blisters may cause pigment removal. Touch-ups may be needed at 6-8 weeks after initial visit to ensure the satisfactory result and to keep your permanent makeup looking its best.

Your procedure aftercare and maintenance, as outlined in your pre/post procedure directions is very important.

CLIENT SIGNATURE: _____ **DATE:** _____

Northern Nevada Permanent Makeup - STANDARDIZED FORM
CONSENT FOR PERMANENT COSMETICS

NAME:

DATE:

I request and consent to the application of permanent color during the following procedure(s) to be performed by _____.

Please check any of the procedures that pertain to you:

Eyeliner / Lash Enhancement[○] Eyebrow Enhancement[○] Full Lip Tint/Lip Liner[○] Scar Camouflage[○] Beauty Mark[○]

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS

INITIAL

- ☐ I understand that the process used to apply color is not always a one step process and may require subsequent visits to achieve desired results. I further understand that my initial procedure cost includes my first visit and one follow-up/perfecting visit that **MUST** be between 6 - 8 weeks post-procedure. Anytime beyond that time will result in a fee for a followup visit. _____
- ☐ I understand that with time, pigment can and will fade and change color according to metabolism, age, skin type, medications, smoking, alcohol, sun exposure, and with the use of Retin A and Acidic skin care products. _____
- ☐ I acknowledge that no guarantees have been made to me concerning the results of this procedure, and that the technician has recommended to me a NATURAL LOOK. _____
- ☐ I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of the applied pigments or when aftercare instructions are not strictly adhered to. _____
- ☐ I fully understand this is a tattooing process, and therefore is an art, not a science. Furthermore, I understand that while symmetry is the goal, but absolute perfection may be unrealistic. _____
- ☐ I will receive a copy of and acknowledge my post care instructions. I agree to adhere to these instructions. _____
- ☐ I accept responsibility in helping to determine shape, color, and position of the pigments that will be applied. I understand that the actual outcome may be slightly different due to the tone, texture and color of my skin. _____
- ☐ I understand before and after pictures are required, but full face images will never be shared without consent. _____
- ☐ It is not reasonably possible to determine if I will have an allergic reaction to any of the pigments, dyes, topicals or processes used in the procedure(s). I have informed technician of any previous reactions or existing medical problems. _____
- ☐ I realize my body is unique and the technician cannot predict how my skin may react before or after procedure. _____
- ☐ I acknowledge that the procedure will result in a permanent change to my appearance and no guarantees have been made to later remove the result. _____
- ☐ I understand future laser or other skin altering procedures such as plastic surgery, implants, and/or injections may alter or degrade my permanent makeup. I further acknowledge that those changes are not to the fault of my permanent makeup technician. Any such change may not be correctable through future permanent makeup procedures. _____
- ☐ I acknowledge that permanent makeup is my choice alone, and that I am not under the influence of anyone or anything that may sway my decision. I consent to the risks and application, and to any action or conduct of the technician as deemed by them as reasonably necessary to perform the procedure(s). _____

By signing below, I acknowledge that I have been given full opportunity to ask any and all of the questions I may have. I also acknowledge that my questions have been answered to my full satisfaction.

CLIENT SIGNATURE: _____ **DATE:** _____

TECHNICIAN SIGNATURE : _____ **DATE:** _____

I have personally reviewed and discussed the above information with my client and/or my clients representative.

Northern Nevada Permanent Makeup - STANDARDIZED FORM
POLICIES AND FEES

PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING STATEMENTS

INITIAL

- The \$200.00 non-refundable booking fee is required in order to reserve your appointment time upon scheduling.
This deposit will be credited toward the procedure fees on the day of your appointment. If the deposit is not received upon scheduling or within 24 hours of booking, appointment will be cancelled without notice.
If you no-call / no-show your first visit, an additional deposit will be required to make a new appointment reservation. _____
- If you arrive more than 10 minutes late to any appointment, it will most likely result in having to reschedule. If you are rescheduled due to being late, you will be charged 50% of your missed appointment, on top of the appointment fee. If you refuse to pay the charge, you will not be scheduled again. _____
- Cancellations need to be made with at least a 24 hour notice. If you don't cancel in advance, you will be charged 50% of your missed appointment, on top of the appointment fee. If you refuse to pay the charge, you will not be scheduled again. _____
- No-Call / No-Shows are not tolerated. If you no call / no show any appointment, you will be charged 100% of your missed appointment. If this appointment is a no-charge perfecting visit, you will be charged \$25 before being placed back on the schedule. If you refuse to pay the charge, you will not be scheduled again. _____
- No-Charge "Perfecting Visits" **must be** between 7-10 weeks. After 10 weeks, either due to lack of scheduling or because of your need to reschedule the visit, there will be a \$50 fee. _____
- Balance is due the day of procedure. Cash is preferred but all major Credit Cards are accepted.
There is a \$25 fee for any returned payment. _____
- Any Follow up visit, after your included "Perfecting Visit" will be \$50 per procedure, within the **first 3 months**. _____
- 3 months - 1 year is \$150, 1-2 years touch up is \$250. After 2 years is full price. _____
- 7-10 week Perfecting Visits are only applied to FULL PRICE PROCEDURES. You do not get a complimentary touch up with Color Refresh appointments _____
- If at any time, you go to another technician **after** Northern Nevada Permanent Makeup has done your original procedure/s, We will no longer perform any future touch ups on you. Without knowing exact products used, and the integrity of the other technician's work, quality cannot be guaranteed. _____
- Clients who have had procedures performed by another technician will be charged the full price, according to the normal fee schedule, regardless of the procedure. We reserve the right to refuse any service or procedure. Any adjustment to fees or policies are at NNPM sole discretion, and are made on a case-by-case basis, if applicable. _____
- Due to the nature of your visit. No children will be allowed in the treatment room during any Permanent Makeup procedure. We also ask that no small children are in the waiting area as you will be unable to attend to them. _____

By signing below, I acknowledge that I have been given full opportunity to ask any and all of the questions I may have. I also acknowledge that my questions have been answered to my full satisfaction.

CLIENT SIGNATURE: _____ **DATE:** _____

POST PROCEDURE CARE

EYELINER:

Expect light to moderate swelling and redness. Expect color to appear crisp and somewhat sharp.

Ice Packs should be used to minimize swelling the day of, and the day after procedure. Keep lightly glossed with a thin coat of healing ointment provided for 2-3 days following the procedure. Apply with very clean, just washed hands. You **MUST** use a NEW mascara to avoid contamination, but no mascara is to be used for a minimum of 5 days. Wash with water only and pat dry for first 24-48 hours.

EYEBROWS:

Expect slight swelling, thickness, and redness for 1-2 days following procedure. Expect color to appear crisp and somewhat sharp. You **MUST** blot away any lymph or blood. This will help the healing process. For further instructions, please refer to the after care card in your healing kit.

LIPLINER / LIP TINT:

Expect moderate swelling at least 1-2 days following procedure. Applying ice for the first 2 hours immediately after procedure is critical, continuing as much as possible the entire first day. Use provided healing ointment on the treated area for 5-7 days following the procedure, beyond that point, a NEW, uncontaminated lip balm or chapstick (spf 15 or higher) may be used instead. Apply with very clean, just washed hands.

After procedure, lips will appear to have too much color, and after 3-4 days the color will become lighter as the epidermis sloughs off.

At some point during the healing, you will appear to have lost most of your color; however, when your lips have healed completely the dermal layer will gradually appear darker. Two to three applications may be required to achieve desired result. It is not uncommon to lose 70% of the color on the first application.

SCAR CAMOUFLAGE:

Keep area away from water for 24 hours. Use provided sterile Vaseline around the treated area for 3-5 days following the procedure. No vigorous exercise for 24 hours.

REMEMBER:

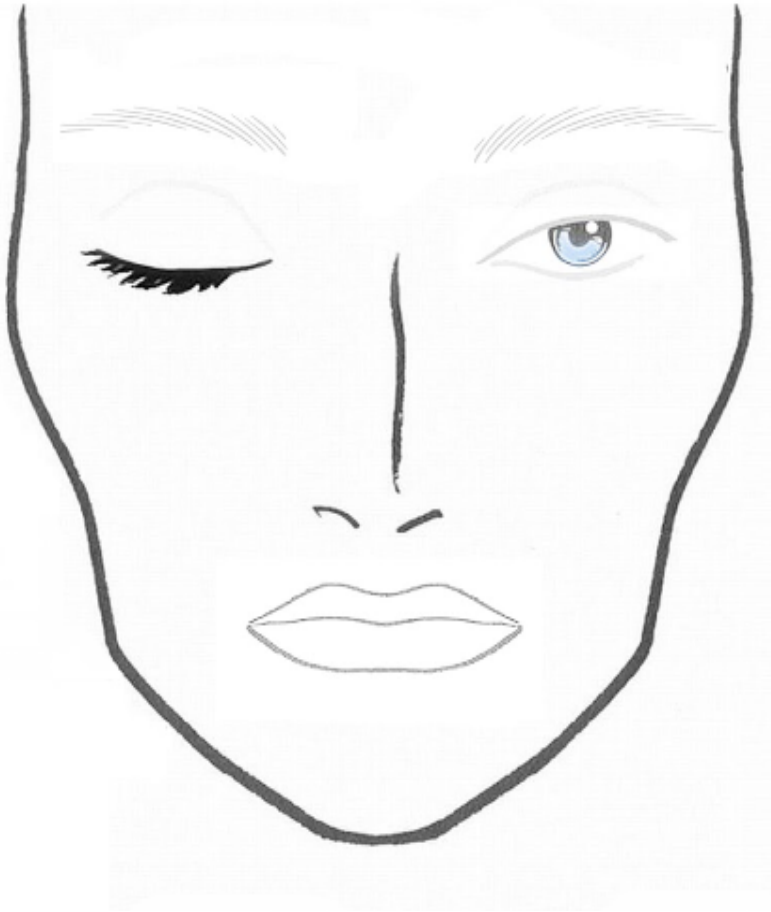
- Do not use too much ointment. Only a thin layer is needed, the skin needs to "breathe".
- Do not use ANY Retin A, Glycolic or Salicylic acid products while healing.
- Do not use Peroxide or Neosporin on any treated area.
- Do not Scrub or Pick treated area.
- Do not expose treated area to direct sunlight or tanning beds for at least 5 days.
- Avoid Facials, Swimming and/or Whirlpools for 5 days.
- Avoid gardening or yardwork for 5 days.
- Do not dye, wax, or tweeze eyebrows for one week before or after procedure.

FAILURE TO FOLLOW POST- PROCEDURE INSTRUCTIONS MAY RESULT IN LOSS OR DISCOLORATION OF PIGMENT. Known possible reactions and/or complications from micro- pigmentation are redness, swelling, puffiness, bruising, dry patches, and tenderness. It is normal to lose approximately 1/3 of the color during the healing process. After initial procedure, the color may appear too dark; in approx. 6 days the color may appear too light; once healed the true implanted color will begin to show.

PLEASE DO NOT HESITATE TO CALL WITH ANY QUESTIONS OR CONCERNS!

CLIENT SIGNATURE: _____ DATE: _____

Northern Nevada Permanent Makeup Face Mapping



Procedure(s)

Brows _____
Upper Eyeliner _____
Lower Eyeliner _____
Upper & Lower Eyeliner _____
Lipline _____
Full Lip Tint _____
Other: _____
Initial _____

Hair to be removed
before/during/immediately after:

Initial _____

Comments:

Initial _____

By signing below, I accept responsibility for determining the color, shape, and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I acknowledge that no guarantees have been made to me concerning the results of this procedure and that the professional recommendation is a natural look. I understand the nature of the procedure and possible complications or adverse effect that may occur as a result of applied pigments. I fully understand that this is a tattooing process and is therefore not a science, but an art.

PRINTED

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

TECHNICIAN SIGNATURE: _____ **DATE:** _____

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Client Copy