

CONSULTATION NOTES

DATE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 EMPLOYER/OCCUPATION: \_\_\_\_\_  
 REFERRED BY: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

Procedure	Color	Cost

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT IS DUE THE DAY OF THE PROCEDURE**-----Within a six-month period you may have/purchase:

**One free SPOT touch-up** for each area (Brows, eyeliner and/or lips if wanted or needed)

Full touch ups within a six-month period include: \$100.00 for permanent brows  
 \$100.00 for permanent eyeliner  
 \$150.00 for permanent lip color

Micro blade brows include a free 2<sup>nd</sup> go over in the original price, must be done within a six month period.

Permanent Makeup by Michelle  
 Franklin Business Park  
 2812 Washington Drive, Suite 100A  
 Norman, Oklahoma 73069  
 Office: (405-310-6727 Cell (405) 919-2628  
 michellekeithmakeup.com

Permanent Makeup by Michelle

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\_\_\_\_\_ 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 used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request Michelle Keith, R.N. and such association and technical assistance as she may deem necessary, to perform on my body the following procedure (circle).

UPPER EYELINER      LOWER EYELINER      LOWER MUCOSAL      EYEBROWS      FULL LIP COLOR  
LIP LINER ONLY      AREOLAS      CAMOUFLAGE      STRETCH-MARKS

**RISKS/POTENTIAL COMPLICATIONS**

1. The nature and method of the proposed procedure has been explained to me by Michelle Keith, R.N. (or her representative), including the usual risks inherent in the procedure and the possibility of complications during and/or following its performance. I understand there may be a certain amount of pain associated with the procedure(s) and that other adverse side effects may include minor, temporary bleeding, bruising, redness or other discoloration, loss of lashes, and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur.

2. I understand the risks and/or complications that may occur should I elect to receive an infiltrate. I have been asked if I have any allergic reactions to injectable lidocaine or epinephrine and have answered negative. The risks to the previously mentioned injections are: pain upon injection, bruising (hematoma), trismus (lockjaw), edema, prolonged or persistent anesthesia, swelling, potential to chew or bite inside of mouth or lip, facial nerve paralysis, temporary or permanent nerve damage, needle breakage, slurred speech, numbness of tongue and soft tissues, temporary increase in heart rate and blood pressure.

3. In consideration of being accepted as a client by Michelle Keith, R.N., I \_\_\_\_\_ fully release and discharge Michelle Keith and all her employees, agents, servants, representatives, and associated corporations (hereafter referred to as Michelle Keith) without limitation, from any and all claims, losses, demands, rights of causes of action, damages or injuries to my person or property, present or future, whether known, anticipated or unanticipated, that may occur from any cause whatsoever, whether based on tort, contract, products liability, or other theory of recovery, as a result of or arising out of any treatment or surgery that may arise from any treatment or procedure by Michelle Keith, including, but no limited to, any claims for known, unknown, latent, developed, or undeveloped injuries; anticipated and unanticipated consequences, and known and unknown developments of any such injuries and claims with respect to the nature, extent, and permanency of any such injuries.

4. I agree to notify Michelle Keith of pregnancy prior to the performance of any permanent cosmetics procedure. (The Procedure will not be performed while a client is pregnant.)

5. I agree to notify Michelle Keith of any surgery or invasive procedure scheduled/performed within six months of any scheduled permanent cosmetics procedure.

6. I absolutely understand and accept that such procedure(s) is sometimes a *process (two visits)*, often requiring at least two applications of color to achieve desirable results, and that 100% success cannot be guaranteed (you cooperation is required during the healing process to achieve desired results)

7. It is understood that I am to receive a patch test prior to the procedure, the purpose of which is to detect allergic or other reaction to the applied pigments. A patch consent form is attached. However, at any time in the future I can develop allergic reactions to everything and anything.

8. I agree to adhere to pre-procedural and post-procedural instructions as per the attached instruction sheets.

9. Depending on the procedure(s), which I select, I accept responsibility for determining the color, shape, and position of eyebrows, eyeliners, lip liner and/or full lip color, and the color of camouflage.

10. This procedure can be permanent or semi-permanent. Body metabolism, immune system response, choice of color, sun exposure, medication, long and short-term illness, and care are all factors in the longevity of permanent makeup.

11. There have been no reliable studies regarding Permanent Makeup applied to the brows, eyes or lips the CAT Scans or MRIs. Mascara can cause the same artifacts that eyeliner can during these diagnostic tests. Permanent lip, brows, eyeshadow or blush do not effect the outcome of these tests. Individuals who have permanent makeup have successfully undergone the above mentioned tests. In the event you have an MRI, inform the radiologist/physician that you have had permanent cosmetics.
12. I understand that no warranty or guarantees have been made to me as to the results.
13. I understand that there is a possibility of hyper-pigmentation resulting from a procedure, especially in individuals prone to hyper-pigmentation from a scar or other injury.
14. I have been told that this procedure will involve some pain and discomfort.
15. I have been told that there is a risk of infection following the procedure.
16. I have been told that a follow up procedure may be required and that the color of pigmentation may fade.
17. I have been told that there is a chance that I may experience a corneal abrasion from the eyeliner procedure.
18. I have been told that there is a chance of allergic reaction to pigment and that my body may reject the pigment.
19. 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.
20. 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.
21. 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.
22. 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.



**Signature**



**Date**

**MEDICAL HISTORY  
CONFIDENTIAL**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Are you now or have you been under the care of a physician within the last two years? \_\_\_\_\_  
 If yes, please provide Physician's Name, address and phone number \_\_\_\_\_

Person to contact in an emergency: Name: \_\_\_\_\_  
 Address & Phone No. \_\_\_\_\_

<b>HAVE YOU EVER HAD ANY OF THE FOLLOWING PROCEDURES, DISEASES, OR MEDICAL PROBLEMS?</b>							
Diabetes	Y/N	Plastic Surgery	Y/N	Cancer	Y/N	Chemo/Radiation	Y/N
Tuberculosis (TB)	Y/N	Chemical Peel	Y/N	Heart Murmur	Y/N	Rheumatic Fever	Y/N
Glaucoma	Y/N	Lazer Resurfacing	Y/N	Heart Attack	Y/N	Stroke	Y/N
Retina Transplant	Y/N	Dermabrasion	Y/N	Heart Surgery	Y/N	Artificial Valves	Y/N
Cataracts	Y/N	Cheek/Chin Implants	Y/N	Pacemaker	Y/N	Mitral Valve Prolapse	Y/N
RK/PRK/Lasik	Y/N	Breast Lumps	Y/N	High Blood		Blood Transfusion	Y/N
Eye Infections	Y/N	Collagen	Y/N	Pressure	Y/N	Artificial Joints	Y/N
Contact Lenses	Y/N	Retin A	Y/N	Jaundice/		Hemophilia	Y/N
Any Eye Problems	Y/N	Glycolic Acid	Y/N	Anemia	Y/N	Asthma	Y/N
Sinus Problems	Y/N	Eczema	Y/N	Lupus	Y/N	Fever Blisters	Y/N
Blurred Vision	Y/N	Drug Rehab	Y/N	Respiratory		Epilepsy/Seizures	Y/N
Allergies-seasonal	Y/N	Mental Disease	Y/N	Problems	Y/N	Kidney Problems	Y/N
Teary Eyes	Y/N	Anxiety Attacks	Y/N	Arthritis	Y/N	HIV/AIDS	Y/N
Headaches/Migraine	Y/N	Hepatitis	Y/N	Back Pain	Y/N	Pregnant (Now)	Y/N
Keloids	Y/N	Narcolepsy	Y/N	Skin sensitivities		Skin diseases	Y/N
Alopecia	Y/N	Sensitivities to soaps	Y/N	to disinfectants	Y/N		
Shingles	Y/N	Skin lesions	Y/N				
Fainting	Y/N						
Intraocular lens							
Transplant	Y/N						

List any other diseases that you might have that are not listed above: \_\_\_\_\_

**ARE YOU ALLERGIC TO ANY OF THE FOLLOWING DRUGS?**

Benadryl	Y/N	Neosporin	Y/N	Bacitracin	Y/N	Petroleum	Y/N
Sulfa	Y/N	Vaseline	Y/N	Aloe Vera	Y/N	PABA	Y/N
Cortisone	Y/N	Aspirin	Y/N	Tylenol	Y/N	Penicillin	Y/N
Codeine	Y/N	Erythromycin	Y/N	Xylocaine	Y/N	Lidocaine	Y/N
Benzocaine	Y/N	Latex/Vinyl	Y/N			Metals	Y/N

List any other drug/antibiotics that you are allergic to: \_\_\_\_\_

**CIRCLE MEDICATIONS YOU ARE NOW TAKING/USING**

Blood Pressure Pills	Y/N	Diabetic Pills	Y/N	Insulin	Y/N
Blood Thinning Pills	Y/N	Aspirin	Y/N	Vitamin E	Y/N
Antibiotics	Y/N	Sleeping Pills	Y/N	Tranquilizers	Y/N
Headache Pills	Y/N	Steroids	Y/N	Hormones	Y/N
Arthritis Meds	Y/N	Herbs	Y/N	Retin A	Y/N
Acutane	Y/N	Glycolic Acid	Y/N		
Anticoagulants	Y/N				

List any other meds you are taking: \_\_\_\_\_

MY SIGNATURE BELOW CONSTITUTES MY ACKNOWLEDGE THAT ALL OF THE ABOVE INFORMATION CONTRIBUTED BY ME IS ACCURATE. I ALSO UNDERSTAND THAT IF I AM UNDER DOCTORS CARE FOR CERTAIN MEDICAL CONDITIONS, I WILL NEED THAT DOCTOR'S RELEASE TO HAVE THIS PROCEDURE PERFORMED.

CLIENT SIGNATURE: \_\_\_\_\_

# Pre-Care List

Products you need to purchase before the procedure

## **BROWS:**

- 1) VASELINE
- 2) Q-TIPS
- 3) KEEP VASELINE ON BROWS FOR 5 TO 7 DAYS

## **EYES:**

- 1) VASELINE
- 2) Q-TIPS
- 3) KEEP VASELINE ON EYES FOR 5 TO 7 DAYS

## **LIPS:**

- 1) VASELINE
- 2) Q-TIPS
- 3) KEEP VASELINE ON LIPS FOR 5 TO 7 DAYS

Bring to your eyeliner  
**procedure**

*Walgreens*  
**Soothing  
Eye Wash**

EYE IRRIGATING  
SOLUTION

- Use daily to cleanse & refresh your eyes
- Helps relieve burning, stinging, irritated eyes
- Removes pollen, smog or chlorinated water
- Sterile



STERILE  
EYE CUP  
ENCLOSED

4 FL OZ (118 mL)

Any brand from  
any store, must  
state Eyewash on  
the front of the  
box



# EYELINER and EYEBROWS POST- PROCEDURE INSTRUCTIONS

Post operative instructions are provided for your benefit to insure the best possible results.

Should you choose to ignore the instructional information provided to you, Michelle Keith is not responsible for any complications such as: rashes, infections, and doctor's appointments, lost wages from work, loss of color, fever blisters, or scarring.

Should you choose to ignore these directions, any additional visits beyond the agreed visit will be an additional charge. Like any elective procedure, the after care is YOUR responsibility. Tap your ointment on with a Q-tip, do not use any back and forth motion this will cause the pigment to loosen before it is healed.

## **IMMEDIATELY FOLLOWING PERMANENT MAKEUP**

### **PROCEDURE:**

- Please blot with cold and wet paper towels 3 to 4 times an hour while awake for the first 2 days and keep Vaseline on all procedures for 4 to 7 days.
- Extra strength Tylenol can be used for the sunburn feeling (as directed).
- Keep a thin layer of Vaseline ointment on the eyes, brows until they completely flake/peel. Apply the ointment morning, noon



own. Absolutely no soaps, cleansing creams, or chemicals on the area. Wash your face carefully avoiding the area or areas for 5 days. Avoid the sun and tanning beds for seven (7) days.

- Do not stand in front of a hot shower and let the water hit your face. Avoid water on the new pigmented areas as much as possible, the five days days. (when showering, washing face, etc. have ointment on the pigmented area to protect the from water).
- After the brows and eyeliner flake/peel you may start applying your make-up to the brow and eye areas.
- You have six months from the initial procedure date to have your free spot touch-up for each area or to purchase full eyeliner/brow touch-ups for \$75.

- There is a risk of fanning/spreading and/or pigment migration
- If this does occur, then application of correctional pigment will be applied

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

MICHELLE

KEITH

Permanent Makeup by Michelle

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# Post-Care Lists

## FOR LIPS

IMPORTANT - Post operative instructions are provided for your benefit to insure the best possible results. Should you choose to ignore the instructional information provided to you, Michelle Keith is not responsible for any complications such as: rashes, infections, and doctor's appointments, lost wages from work, loss of color, fever blisters, or scarring. Should you choose to ignore these directions, any additional visits beyond the agreed upon 2 visits will be an additional charge. Like any elective procedure, the after care is YOUR responsibility.

### **AFTER PROCEDURE**

*AFTER PROCEDURE BLOT WITH COLD WET PAPER TOWELS 3 TO 4 TIMES AN HOUR WHILE AWAKE THE FIRST 2 DAYS AND KEEP MOIST WITH VASELINE FOR 4 TO 7 DAYS. 1) DRINK ALL FLUIDS THROUGH A STRAW UNTIL LIPS HAVE PEELED. 2) CUT YOUR FOOD INTO SMALL BITES TO EAT. DO NOT BITE INTO ANYTHING UNTIL YOUR LIPS HAVE PEELED. 3) WRAP YOUR PILLOW IN PLASTIC WRAP AT NIGHT AND REPLACE WITH A FRESH WRAP IN THE MORNING. THIS KEEPS YOUR PIGMENT FROM STICKING TO YOUR*



- Avoid moisture to the lips such as Hot Soup, Hot Cocoa, or Hot Coffee for 5 days. Drink everything through a straw until lips completely peel. DO NOT stretch the lips.
- Do not stand in front of a hot shower and let the water hit your face. Avoid water on the new pigmented areas as much as possible, the first five days. (when showering, washing face, etc. have ointment on the pigmented area to protect the from water).
- Absolutely NO SCRUBBING the area. Allow the lips to peel off on their own.
- Absolutely no soaps, cleansing creams, or chemicals on the area. Wash your face carefully avoiding the area for 5 days.
- Do not expose the lips to direct sunlight (tanning or tanning bed) for 4 weeks. This is new skin and will sunburn easily. If going to the lake, ball games etc, use a lip gloss/cover with sunblock of at least 30 spf to protect the lips.
- Chapstick may be used on the lips after the 4th week.
- Avoid wearing lipstick for 4 weeks.

THIS IS A MUST. TANNING WILL LIGHTEN ANY PIGMENTED AREA OVER TIME, SO USE A SUNBLOCK WHEN TANNING. FAILURE TO FOLLOW PRE OR POST-TREATMENT INSTRUCTIONS MAY CAUSE LOSS OF PIGMENT, DISCOLORATION OR INFECTION.

Remember, colors appear brighter, darker, and more sharply defined immediately following the procedure. As the area flakes off, the color will soften. You will not see the final color on lips until week six.

#### **FREQUENTLY ASKED QUESTIONS:**

What does 'Peel' mean?

Your lips have been punctured with a needle thousands of times and are now wounded. There can be redness, swelling, and/or bruising to the lips. As your lips heal they will peel or slough off dead skin.

Average healing is 4-7 days. The next day can have the most swelling. If you know you swell easily, plan for 3 days of swelling. Each day swelling will be less. The older you are the longer it takes to heal. Add a few days if you know you are a slow healer or diabetic. The following will affect how quickly or slowly you heal. Diet, stress, smoking, excessive alcohol consumption, age, general health, sleep/fatigue. The more fatigued you are the lower your immune system is and infection is more likely to occur.

**SWELLING:**

Apply cold wet paper towels directly on the permanent makeup area 3 to 4 times an hour for the first 2 days while awake. This will absorb fluid, decreases swelling, it pushes the color back down into the skin and shortens the healing time. Ice can be applied around the area but not directly on the area. No ice directly on lips. Sleeping slightly elevated will also help prevent swelling.

**WHAT WILL IT FEEL LIKE?**

Lips normally feel dry, chapped, tight and tender to the touch. Lips will feel better with each day. Should anything occur that has not been addressed, please call immediately.

**TEETH BRUSHING:**

Seal lips with ointment first. Put cotton balls in gum areas so toothbrush will not rub against the lips. No whitening toothpaste (during the healing process). Use a small amount of toothpaste. Take a straw with you to the bathroom to retrieve water to swish with.

- There is a risk of fanning/spreading and/or pigment migration
- If this does occur, then application of correctional pigment will be applied

Sign: \_\_\_\_\_

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

## CLIENT INFORMATION

**WE PROVIDE A HYGIENIC ENVIRONMENT:** Specific care has been provided for your safety and health. Proper hygienic environment and infection control is maintained to ensure minimal risk of transmission of infectious disease.

1. Only new single – use surgically sterile needles are used.
2. All tubes are pre-cleaned, then sterilized by steam under pressure in a FDA-registered type autoclave. CDC and OSHA regulations are strictly adhered to.
3. Aseptic procedures are followed when handling sterilized instruments, objects and skin.
4. All used needles, tubes, and contaminated substances are disposed of in compliance with OSHA regulations.
5. The pigment contents are: Iron oxide, alcohol, distilled water, and glycerin.
6. The skin test is required.

### **WE WILL ALWAYS STRIVE FOR THE BEST CLINICAL OUTCOME OF PROCEDURES:**

This is a two step process. It is in no way an absolute science, but rather an art form. To achieve the best results, pre/post procedural instructions must be strictly followed. Each client is given written pre/post procedural care instructions. The results of your procedure are determined in part, but no limited to, the following factors.

1. Skin characteristics: dryness, oiliness, thickness, sun damage, color, chemically damaged, etc.
2. Medication you are currently taking
3. Natural skin undertones
4. Personal PH balance of skin
5. Sun exposure
6. Chlorine in pools
7. Alcohol intake
8. Smoking

### **OUR FACILITY POLICIES:**

1. All services are customized and absolutely non-refundable, in part or full.
2. Gift certificates are non-refundable, but may be transferred to another person.
3. Clients under the age of eighteen (18) must have a parental signature on the consent form and must have a parent present during the consultation and procedure appointments.

**FEES/PAYMENTS ARE A REFLECTION OF OUR GOAL TO PROVIDE SERVICE OF THE BEST QUALITY and VALUE AVAILABLE:**

The type of procedure, amount of color desired, placement, shape, and the acceptance of pigment is individual.

1. Procedure prices are global. They include exclusive consultation, skin test, custom color blending and first appointment.
2. Additional procedure visits are an additional cost per visit. If you choose a conservative approach to Permanent Cosmetics, but change your mind after the initial application and desire additional color changes or application shape/size changes, an additional procedure appointment will be necessary to complete your changes, thus requiring an additional charge. (Additional work/changes are almost always the result of influence from a family member or friend with an opinion different than your own.)
3. Maintenance fees are per procedure-per visit.
4. Payments may be made by cash, check, credit card (Mastercard, VISA, American Express or Discover), or gift certificate.
5. Fees are subject to change without notice.

**\*\*\*\*YOUR FEEDBACK IS CRITICAL TO OUR CONTINUING TO INNOVATE AND IMPROVE. WE ALWAYS LOOK FORWARD TO HEARING YOUR IDEAS, COMMENTS AND SUGGESTIONS!!!**

My signature indicates I have read and understand the above information.

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

**PAYMENT IS DUE THE DAY OF THE PROCEDURE**

**\*You have six months from the initial procedure date to have your free touch-up for each area or to purchase full eyeliner/brow touch-ups for \$75 and full touch-ups for lips for \$100.**



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## FREQUENTLY ASKED QUESTIONS *about PERMANENT MAKEUP*

What is permanent makeup?

It is the process of implanting color into the dermis layer of the skin with the use of a specially designed and approved instrument.

Who benefits from permanent makeup?

- Busy people who have little time for daily makeup application
- People with allergies to conventional makeup
- People with poor or decreased vision or contact lens wearers
- Those physically incapable of applying makeup
- Those inconvenienced by touch-ups after a day in the sun, tennis, swimming, or at the gym
- Anyone who desires to look great 24 hours a day

How long does the procedure take?

Each procedure will take between 1 and 2 hours. (3 or 4 hours on full face---brows, eyes, lips)

What about sterilization?

Only single-use, sterile needles are used. All other equipment is either discarded after use or sterilized. All guidelines are strictly followed in accordance with CDC (Centers for Disease Control) and OSHA

What colors should I choose?

There is a right color for everyone. We take into consideration your natural skin color, hair color and eye color. Bring in the colors you have been using, or the colors you prefer.

I have very sparse eyebrows. Will this look natural?

Permanent makeup looks more natural than eyebrow pencil. Fill you eyebrows in with eyebrow pencil so we can see how much pigment needs to be applied.

Will I need to take off work after the procedure?

If doing brows, probably not, eyes, usually 1 day off. If doing lips, probably 2 days off. Each person heals differently, therefore, the time you need off may be a bit different.

Why do I apply pressure to the brows and lips after the procedure, and for how long do I do it?

This helps prevent bleeding and color loss. Pressure is applied until there is no longer any sign of bleeding. This may last a few minutes up to 12 hours or more. (Contact us if you bleed longer than 24 hours.)

When do I start the ice packs, and how long do I use them?

For the first six hours keep the ice pack around the procedure area.

You may begin 6 hours after the procedure is completed to apply the ice pack directly to the procedure area. Apply ice 20 minutes on, 20 minutes off until the swelling is gone.

Why is water harmful to permanent makeup?

During the healing time (first 5 days), water will dilute the scab causing it to heal uneven. This can cause spotting.

If my lip scab is coming off on its own, when can I help it along?

On the 5<sup>th</sup> morning, you can rub your lips with Vaseline in a circular motion. Do not force the scab loose, just try again the following days. On the 7<sup>th</sup> day, you can apply a warm cloth to eyes and brows to soften them, then apply Vaseline and rub in a circular motion. Try again on the following days if necessary.

Once the lip scab is off, can water harm my permanent makeup?

No but, the sun itself will lighten your color over time. So if you sunbath or tan please use a sunscreen on your lips, eye and brows.

(please check all of your makeup removers at home). It may be best to just outline your permanent makeup when you clean your face.

If I get a fever blister on my lips during the healing time, will I need a touch-up?

10% of the women who get fever blister choose to do the touch-up for better consistency of color. If you have ever had fever blisters on your mouth, be sure to take the Famvir or other prescribed medicines as directed.

Can I wear makeup after the procedure is done?

Foundation and powder is acceptable. We prefer you don't use mascara for 3 to 5 days, and Use Bacitracin on lips for 4 weeks after having your lips done.

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## PATCH TEST CONSENT FORM

I have received a patch test on the date below. The patch test has been received and it releases Michelle Keith, R.N. from any liability related to any allergies or other reaction to applied pigments. I have been informed that reactions can occur at any time in the future. Sun exposure can also cause a reaction with the pigments (colors).

Client: \_\_\_\_\_

Location: Top/Mid Scalp

Color: \_\_\_\_\_

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

I WAIVE THE PATCH TEST: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

---

## PHOTOGRAPHER'S MODEL RELEASE

I, \_\_\_\_\_, assign Michelle Keith, R.N. permission to use my before and after pictures in one of the areas below:

**(Circle all that apply)**

- I want my picture in my medical file only
- My pictures may be viewed in the photo album/web site by others

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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