

SpaBeatrix
7 Third St
Collingwood ON
L9Y 1K4
www.spabeatrix.com



Permanent Make-Up After Care Instructions

Proper care following your procedure is necessary to achieve the best results, Keep in mind that many cases some unevenness of color is to be expected. This is the purpose of the touch-up visit. Please review the following directions and refer to them as necessary. If during your healing process you have any questions, please contact your technician.

1. Ice packs protected with a cloth may be applied as necessary to reduce swelling. Sleeping slightly elevated helps alleviate swelling, sometimes seen the morning after facial procedures.
2. Wash your hands before touching any treated areas. Cotton tipped applicators may be used to gently cleanse the eye area. Do not expose the area to dirty or unsanitary conditions. Wearing glasses outdoors is a good way to protect new eyeliner from dust, etc. that can stick to healing agents. Apply recommended healing agents sparingly.
3. Some itching is normal. **DO NOT PICK, PEEL OR SCRATCH** the treated area or your color may heal unevenly and you risk scarring and infection.
4. No Make-Up is to be applied for 72 hrs after the procedure. After any eyeliner procedure use mascara. Do not use an eyelash curler for two weeks.
5. Do not expose your skin to direct sun, tanning beds, hot tubs (tub baths if body area is treated) saunas, salt water, chlorinated pools, direct shower spray, hot water, skin creams, ointments or lotions other than what you have been instructed to use for 2 weeks following your procedure.
6. After a lip procedure keep your lip moist all the times. Avoid spicy food or heat. If using herpes medication, continue as prescribed.

Long Term Care

1. Use a good sunscreen daily, even the lips require protection. Sun exposure will fade your permanent cosmetics and may cause irritation even years later.
2. If you are planning a chemical peel, MRI or other medical procedure, please inform your physician of your cosmetic tattoo.
3. If you donate blood, it is a Red Cross policy that you must wait one year after any tattooing procedures.

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After Care Instruction for Best Results

Following all procedures:

- No soap on treated area
- No cleaners
- Avoid Sun
- No make-up on area
- No hot shower, sauna, jacuzzi or swimming in chlorinated pools
- If scabs or crusting appears, **DO NOT PICK or PEEL OFF !**

Following Eyeliner procedures:

- Do not curl eyelashes with curler for two days prior or two weeks after the procedures.
- Do not use mascara for seven days following the procedure. When you do resume using mascara, you must use new tube.
- Schedule a touch-up appointment in 4 to 5 weeks following your initial procedure.
- Wear sunglasses post procedure if your eyes are light sensitive.
- Please have someone drive you to and from procedure.

Following Lipliner procedures:

- If you are prone to cold sores, consult your physician prior to the procedure. It is helpful to take Zovirax (prescription) for five days prior to your treatment.
- Some peeling may occur. **DO NOT PICK or PEEL !**
- If swelling occurs, apply ice pack to lips.
- Schedule a follow up appointment in 5 weeks post procedure.

Following Eyebrows procedure:

- Keep area moist.
- Use a sealer (such as Polysporin Ointment) twice daily.
- If swelling occurs, apply ice pack.

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Client Copy



Consent to Application of Permanent Make-up Procedure

Name		
E-Mail		
Phone		

I am over the age of 18, I am not under the influence of drugs or alcohol and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. X_____

I have been informed of the nature, risks and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications associated with this type of cosmetic procedure, including but not limited to infections, allergic reactions, scarring, inconsistent color and spreading, fading or fading pigments. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the permanent skin pigmentation procedure and accept the permanence of the procedure as well as the possible complications and consequences of the said procedures. X_____

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. X_____

I have received pre and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I have ever had cold sores I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedures around my lips. X_____

I understand that the taking of before and after photographs of the said procedures are a condition of such procedures. I certify I have read and initiated the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have cosmetic tattoo work done.

Client: _____

Technician: _____

Date: _____

Date: _____

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I have been informed of the nature, risks and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications associated with this type of cosmetic procedure, including but not limited to infections, allergic reactions, scarring, inconsistent color and spreading, fading or fading pigments. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the permanent skin pigmentation procedure and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure. X_____

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. X_____

I have received pre and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I have ever had cold sores I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedures around my lips. X_____

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