

## Latoya Williams

The Avenue Hair Studio and Spa    6880 Gratiot Rd Saginaw, MI 48609    989-781-1910

### PERMANENT MAKEUP

#### *Who chooses permanent makeup?*

- Busy People with little time to apply makeup
- People with allergies to conventional makeup
- Anyone who desires freedom & convenience from daily makeup application
- Those physically incapable of applying makeup
- Active or athletic people & those with oily skin who's makeup tends to slide out of place
- People who want to look and feel their best at all times

#### What to Expect

##### During appointment

- Completion of paperwork
- Numb for 20-30 minutes with a blend of lidocaine, tetracaine and epinephrine
- Determination of shape and color
- Application of desired treatment(s)

##### Post Appointment

- Follow post-treatment instructions
- Color will darken (you will feel like Groucho Marx no matter the shade of color applied)
- Epithelial crust (scab) will come off in pieces, not as a whole. This will leave light and dark patches during the healing process. It can also appear as if you are left without color in the removed areas. Don't worry, once you have completed at least 4 weeks of the post-healing process your true color will shine through.
- An enhancement treatment cannot be performed prior to 4 weeks post initial treatment. The same healing process will take place post your enhancement treatments as your initial treatment. Please schedule your appointments accordingly for personal special occasion events.

### **Pre-Treatment Advice and Procedures**

- Since delicate skin or sensitive areas may swell slightly, or redden, it is advised not to make social plans for the same day. Lip liner may appear “crusty” for up to one week.
- Please wear your normal make-up to the procedure. If you are having lips or brows done, please bring your favorite pencils.
- If unwanted hair is normally removed in the area to be treated, i.e.; tweezing or waxing, the hair removal should be done at least 24 hours prior to your procedure. Electrolysis should not be done within five days of the procedure.
- Do not resume any method of hair removal for a week after the procedure.
- If eyelashes or eyebrows are normally dyed, do not have that procedure done within 48 hours of this procedure. Wait one week after the eyebrow or eyeliner procedure before dying lashes or brows.
- If you wear contact lenses and are having the eyeliner done, do not wear your lenses to your appointment and do not replace them until the day after the procedure.
- If you are having the eyeliner procedure done, as a safety precaution, in case of watering or swelling, we recommend that you have someone available, or accompany you, who could drive you home if you so decide, or if it is necessary.
- It is also recommended that a Benadryl or anti-inflammatory is taken to reduce swelling during the procedure process.
- If you are having lip-liner done and have had previous problems with cold sores, fever blisters, or mouth ulcers, the procedure is likely to re-activate the problem. Your Intradermal Cosmetic Technician can make recommendations to help prevent or minimize the outbreak.
- We recommend allergy testing of the red pigment (lip-liner or skin tone pigments) one week before the planned procedure.
- Do not use antibiotics 14 days prior procedure, aspirin or ibuprofen for 7 days prior to your procedure.

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We look forward to working with you. If you have any questions, please call or make notes so we can discuss them with you when you arrive for your appointment.

### Post-Treatment Advice and Procedures

#### FOR ALL PROCEDURES

(Eyebrows, Microblading, Eyeliners, Lip Liner/Full Lips)

#### Immediately Following Cosmetic Tattoo Procedure:

Apply ice to treated area for 10 - 30 minutes. Ice helps reduce swelling and aids in healing.

#### For up to 14 days following application of permanent cosmetics:

- ✓ Apply ointment sparingly twice a day for seven days following the procedure.  
Using a clean cotton swab; do not use your fingertips.
- ✓ Do not rub or pick at the epithelial crust, allow it to flake off on its own.  
Absolutely no scrubbing, no cleansing creams or chemicals. You may rinse with water and lightly pat the area dry.
- ✓ Do not expose treated area to full pressure of the water in the shower.
- ✓ Do not soak treated area in bath, swimming pool or hot tub. Do not swim in fresh, salt or chlorinated pool water.
- ✓ Do not expose the treated area to the sun.
- ✓ Use a total sun block after the procedure area has healed to prevent future fading of pigment color.
- ✓ Do not use mascara or eyelash curler for seven days post-procedure. When you resume use purchase a new tube, the old tube may have bacteria in it.
- ✓ If you are a blood donor, you cannot donate for 1 year following your procedure.  
(Per American Red Cross)
- ✓ Use sterile bandages and dressings when necessary. (*Areola and Camouflage procedure cannot be guaranteed. This is an experimental procedure.*)

Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection. Remember, colors appear brighter and more sharply defined immediately following the procedure. As the healing progresses, color will soften. An enhancement procedure may or may not be necessary. Final results cannot be determined until healing is complete, which is between 4-8 weeks.

There is a \$100 fee for enhancement procedures and they must be made between 30-60 days following the procedure. Additional fees will apply for enhancement treatments after 60 days following the procedure. There will be a \$200 fee for any

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enhancements other than the lack of color in the original application within the 30-60 days following the procedure. If necessary, an appointment for a touch-up can be made.

Enjoy your permanent cosmetics!

### Pricing

**CONSULTATION** **\$50**

Consultations are not required but are highly suggested for all lip enhancement services as stated in the pre-treatment advice and procedures. During your consultation a test patch will be applied to determine if there is a pigment sensitivity. Consultations are also used to determine shaped, discuss selection and answer any questions about the up-coming procedure.

Permanent Makeup is a process that may require 2-3 visits, depending on your skin type, environmental exposure, after care and/or body chemistry.

### **INITIAL APPLICATION**

Eyeliner (upper & lower)	\$400
Eyeliner (upper or lower)	\$250
Eyebrow (permanent)	\$400
Lip (full)	\$600 (Consultation required)
Lip (liner with light blend)	\$475 (Consultation Required)
Microblading	\$500

Because of the application technique, lightening of and/or extreme fading can occur during the healing process. An enhancement application will be necessary 4-8 weeks later.

**ENHANCEMENT TREATMENTS** **\$100**

Enhancement appointments are scheduled 6 to 8 weeks after the initial application. During this appointment enhancements to color and shape are made. Multiple enhancement appointments may be necessary

### **I YEAR POST RE-ENHANCEMENT TREATMENTS \$200 and up**

Re-Enhancement appointments are made a year or more after the initial and enhancement applications have been complete. Re-Enhancements for services received in other facilities are provided. If there is a need for color correction for services received from another facility a consultation appointment will be required.

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## Disclosure and Consent for Tattoo and Dermal Procedures

I, \_\_\_\_\_, 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 a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request as my intradermal cosmetic technician, and such association and technical assistance as she may deem necessary to perform on my body the following procedure (circle one):

UPPER EYELID    LOWER EYELID    LOWER MUCOSAL EYELID    EYEBROW    FULL LIP COLOR    LIPLINER    AREOLAS    CAMOUFLAGE    STRETCH MARKS    SALINE TREATMENT

OTHER: \_\_\_\_\_

### Please Check:

\_\_\_\_\_ I hereby authorize to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for the purpose of advertising.

\_\_\_\_\_ I hereby authorize Latoya Williams to take photographs of the work performed both before and after treatment to be maintained only in file.

\_\_\_\_\_ I have informed Latoya Williams that I am in good health and I am not under the care of any physician.

\_\_\_\_\_ I am currently under the care of a physician and I am being treated for the following condition(s):

Physician's Name: \_\_\_\_\_

Physician's Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone:    \_    \_\_\_\_\_

### Please Initial:

\_\_\_\_\_ 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.

\_\_\_\_\_ I have been told that there may be known and unknown hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

\_\_\_\_\_ I acknowledge the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate reaction to pigment; however, spot testing does not identify individuals who may have a delayed allergic reaction to pigment. I agree to **(Circle One): RECEIVE WAIVE** a spot test prior to application and I agree to release Latoya Williams, assistants and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Disclosure and Consent for Tattoo and Dermal Procedures (continued)

\_\_\_\_\_ I have been told that allergic reactions to pigment are very rare, however, they can and do occur and when they occur they can be serious and especially difficult and very troublesome to treat.

\_\_\_\_\_ I have been told that this procedure will involve pain and discomfort.

\_\_\_\_\_ I understand that the markings are permanent and there is a possibility of hyperpigmentation resulting from a procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.

\_\_\_\_\_ I have been told that a follow up procedure may be required.

\_\_\_\_\_ I have been told that there is a chance that I may experience a corneal abrasion.

\_\_\_\_\_ Other risks involved with the procedure may include, but not limited to: infections, allergic and other reaction(s) to applied pigments, allergic and other reaction(s) to products applied during and after the procedure, fanning or spreading of pigment (pigment migration), fading or color and other unknown risks.

\_\_\_\_\_ I accept full responsibility for any and all, present and future, medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me.

\_\_\_\_\_ 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 the informed consent.

\_\_\_\_\_ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Latoya Williams and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and or the breach thereof, shall be settled by arbitration in the state of MI in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

\_\_\_\_\_ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Latoya Williams, a health care practitioner, MI Department of Health, Drugs, and Medical Devices Division.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Medical History Form

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

No. & Street City State Zip

Work Address: \_\_\_\_\_

No. & Street City State Zip

Home Phone:(\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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.*

List all medications you are currently taking, including Retin A, Glycolic Acid and Acutane: \_\_\_\_\_

List any drug, makeup, skin or food allergies (i.e., soaps or cleansing creams): \_\_\_\_\_

Have you recently undergone a skin peel? \_\_\_\_\_

What products do you use for skin care? \_\_\_\_\_

**Do you have or have you ever had any of the following conditions (answer Yes or No):**

- |                                  |                                       |
|----------------------------------|---------------------------------------|
| _____ Abnormal Heart Condition   | _____ Dry Eye                         |
| _____ Cold Sores                 | _____ Corneal Abrasions               |
| _____ Herpes Simplex             | _____ Eye Surgery or Injury           |
| _____ Hemophilia                 | _____ Blepharoplasty (eyelid surgery) |
| _____ High or Low Blood Pressure | _____ Visual Disturbances             |
| _____ Prolonged Bleeding         | _____ Cancer                          |
| _____ Circulatory Problems       | _____ Tumors/Growths/Cysts            |
| _____ Epilepsy                   | _____ Chemotherapy/Radiation          |
| _____ Diabetes                   | _____ Are you pregnant?               |
| _____ Fainting Spells/Dizziness  | _____ Hepatitis                       |
| _____ Cataracts                  | _____ Do you wear contact lenses?     |
| _____ Glaucoma                   | _____ Do you use tobacco products?    |
- \_\_\_\_\_ Are you using any eye drops or other ocular medications?  
\_\_\_\_\_ Have you ever experienced hyperpigmentation from an injury?  
\_\_\_\_\_ Are you currently taking aspirin or ibuprofen?

When was your last eye exam? \_\_\_\_/\_\_\_\_/\_\_\_\_

Examining Physician: \_\_\_\_\_

Signature

Date

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## Post Procedure Instructions

### FOR ALL PROCEDURES

(Eyebrows, Eyeliners, Lip Liner/Full Lips, Areola, and Camouflage)

#### Immediately Following Cosmetic Tattoo Procedure:

Apply ice to treated area for 10 - 30 minutes. Ice helps reduce swelling and aids in healing.

#### For 14 days following application of permanent cosmetics:

- ✓ Apply antibiotic ointment **sparingly** twice a day for seven days following the procedure. Using a clean cotton swab; do not use your fingertips.
- ✓ Do not rub or pick at the epithelial crust, allow it to flake off on its own. Absolutely no scrubbing, no cleansing creams or chemicals. **Gently** cleanse the intradermal cosmetic area with a mild antibacterial soap. You may rinse with water and lightly pat the area dry.
- ✓ Do not expose treated area to full pressure of the water in the shower.
- ✓ Do not soak treated area in bath, swimming pool or hot tub. Do not swim in fresh, salt or chlorinated pool water.
- ✓ Do not expose the treated area to the sun.
- ✓ Use a total sun block after the procedure area has healed to prevent future fading of pigment color.
- ✓ Do not use mascara or eyelash curler for seven days post-procedure. When you resume use purchase a new tube, the old tube may have bacteria in it.
- ✓ If you are a blood donor, you cannot donate for 1 year following your procedure. (Per American Red Cross)
- ✓ Use sterile bandages and dressings when necessary. (*Areola and Camouflage procedure cannot be guaranteed. This is an experimental procedure.*)
- ✓

I understand that at the first sign of an infection, adverse reaction or allergic reaction to the procedure, I must notify Latoya Williams, a health care practitioner and the MI Department of Health, drugs and Medical Devices Division.

✓

#### **Failure to follow post-treatment instructions may cause loss of pigment, discoloration or infection.**

Remember, colors appear brighter and more sharply defined immediately following the procedure. As the healing progresses, color will soften. An enhancement procedure may or may not be necessary. Final results cannot be determined until healing is complete, which is between 4-8 weeks. There is a \$100 fee for enhancement procedures and they must be made between 30-60 days following the procedure. Additional fees will apply for enhancement treatments after 60 days following the procedure. There will be a \$200 fee for any enhancements other than the lack of color in the original application within the 30-60 days following the procedure. If necessary, an appointment for a touch-up can be made.

IF YOU HAVE ANY QUESTIONS CALL 989.781.1910

Enjoy your permanent cosmetics!

Signature \_\_\_\_\_

### Driver's License Information

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

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Date:		
Name:		
Address:		
City :	ST:	Zip:
Home Phone:	Work Phone:	
Referred By:		
Fees Discussed:		
Procedure Request:		
Areas of Concern:		
Pigment(s) Used:	Lot #	Batch #
Anesthetic(s) Used:		
Touch-up(s) Done On:		



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**Disclosure Statement/Notice for Filing Complaints**

Public Act 149, which was enacted in December of 2007, indicates that individuals shall not tattoo, brand, or perform body piercing on another individual unless the tattooing, branding, or body piercing occurs at a body art facility licensed by the Michigan Department of Community Health. Body art facilities are required to be in compliance with the “Requirements for Body Art Facilities,” which provide guidelines for safe and sanitary body art administration.

As with any invasive procedure, body art may involve possible health risks. These risks may include, but are not limited to: transmissions of blood borne diseases such as HIV and viral hepatitis, skin disorders, skin infections, and allergic reactions.

In addition, persons with certain conditions including, but not limited to, diabetes, hemophilia or epilepsy, are at a higher risk for complications and should consult a physician before undergoing a body art procedure.

If you wish to file a complaint against a body art facility related to compliance with PA 149 or have concerns about potential health risks, please visit [www.michigan.gov/bodyart](http://www.michigan.gov/bodyart).

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### POST PROCEDURE CARE FOR MICROBLADING

1. DO NOT TOUCH YOUR EYEBROWS for 3 days. Before you wash your eyebrows, hands must be washed with anti-bacterial soap.
2. While healing, do not use any Retin-A, Glycolic Acids, Peroxide, Neosporin or any other products besides the ointment that was provided for you.
3. Do not scrub or pick your eyebrows.
4. Do not expose area to sun or tanning beds! Must use hat if in the sun.
5. Avoid any beauty treatments such as facials, massages, lash extensions, swimming, whirlpools or sauna for 7 days.
6. Avoid exercise and heavy sweating for 3-5 days.
7. Do not allow heavy water pressure on your eyebrows for 10 days.
8. No eyebrow waxing or threading for 7 days. Tweezers can be used.
9. Must avoid makeup on the and around brow area.
10. Do not apply the ointment with fingers, please use Q-tips. Also do not double dip the Q-Tip

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN LOSS OF PIGMENTS.

### WHAT TO EXPECT AFTER MICROBLADING

1. You may have slight swelling, thickness, and/or redness for one or two days following the procedure.
2. It is normal to lose approximately 1/3 of the color during the healing process.
3. The first 3 days after the initial procedure, the color will be a shade too dark, 6 days later it will appear lighter, then after 10 days after the color will show more. Please be patient healing can take up to a month.
4. It will appear softer when completely healed because the color will come from dermal layer of the skin to the epidermal layer of the skin.

The brows are approximately 30 to 40% darker and bolder in the width than they will be when healed. Your skin is red under the pigment which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the eyebrow procedure to flake away and a narrower appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size than you desire. This is all part of the process.

You MUST WASH with a gentle cleanser and lukewarm water. Pat dry with tissue after washing the brows.

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