

Wild Kayte Studio

Permanent Make-up Release Waiver

Name	IG Handle:
Date:	Email:
Phone number:	Referral:

How did you hear about us? Friend Website Social Media AD Google

PMU POST PROCEDURE INSTRUCTIONS

Your skin will be temporarily sensitized after treatment and you should adhere to the following instructions for the next seven (7) days. This will help avoid infection and will allow time for the skin to recover.

>> If you apply makeup during the 7 days following the treatment, you do so at your own risk

>> Clients who have prescribed an antibiotic cream should follow up with their medical practitioner. Apply your aftercare cream with a disposable wooden spatula (coffee stir stick)

>> Healing will take up to 7 to 14 days, and it is perfectly normal for the treated area to scab. These scabs will fall off within a few days (DO NOT PICK AT THEM)

>> It is normal for the color to fade during the 2 week following treatment.

>> Besides from the given ointment, you may also use coconut oil. *DO NOT use Polysporin

During the post treatment, please try to avoid the following:

- Touching the treated area
- Using soaps, cleansers, creams or make up on the treated area
- Facial treatments, including eyelash extensions, or eyebrow tinting or tweezing, electrolysis, waxing, threading, etc.
- Any abrasive products, rough towels or similar.
- DO NOT TOUCH or PICK the scabs that may appear after treatment.
- Taking hot baths, saunas, steam or any other heat treatment. The treated area should be kept dry as possible.
- Sunbathing, using sun beds or Swimming
- Using any form of bleach or depilatory products
- Excessive physical activity (gym/hot yoga) which may cause excessive sweating
- Should an infection occur, seek medical attention

Aftercare procedures have been explained to me in detail and I have read the instructions given on this sheet. I have also been given a copy of these instructions to keep for reference. I read, and understood what has been written.

Initials

PMU RELEASE WAIVER

- I hereby declare that I have been informed, in detail, about the permanent make-up method and procedure, which will be performed.
- I was informed that needles are used for the treatment to inject colour pigments into the upper layers of the skin.
- I am aware that it is not possible to predict how durable and intensive the brow color will be and that durability and color intensity depend on age, skin type, and environmental conditions of the treated person
- I am aware that this is a multiple-step appointment process
- I am aware that the treatment with the pigmenting needles can cause skin irritation and minor inflammation of the skin, which usually disappears within 24-48 hours
- I am aware that the pigment will appear faint and fade throughout the years, but I will essentially always have some pigment present
- I have been shown a sealed and sterile needle that has not been used prior to the treatment.
- I have been informed that the pigments will appear darker within the first few days
It will be necessary to undergo follow-up treatments.
- I have been informed of the section of the skin to be pigmented may be anaesthetized/numbed with a surface anaesthetic (Dr Numb) or (TKTX)
- I have been informed that medicines affect different individuals in different ways. Just because side effects have occurred in some cases, does not mean they will occur to me
Some common side effects of anaesthetics may include: allergic reaction, light-headedness, drowsiness/dizziness, vomiting, numbness of the tongue, and/or unusually slow heartbeat.

I authorize the use of my photographs taken by the technician to be used on social media and shown to potential clients.

Initials

I will list any allergies I have in the next page.

PMU RELEASE WAIVER

During the first 7 days after treatment, I should not:

- Expose the treated area to UV rays
- Use the sauna/swimming pool
- Use makeup other than the recommended after care products (ex; Petroleum Jelly/ Vaseline)
- Remove pigmentation
- Use tanning beds

Furthermore, I state that:

- I am not diabetic
- I am not haemophiliac
- I am not allergic to Red Lake #5 (pigment)
- I am not allergic to Hair Dye
- I am not allergic to Lidocaine
- I do not test positive for the HIV or Hepatitis Viruses
- I am not pregnant and/or breastfeeding
- I have had no Botox treatment in the area treated for the past 3 months
- I have had no filler injections in the area treated for the past 6 months
- I am chemo free for 1 year minimum

I have or will inform the technician prior to procedure of any medication that I am currently taking, which may affect blood Coagulation. These include:

- Blood thinners (ex; Aspirin)
- Blood pressure medications
- Diuretics
- Painkillers
- Dermatological medications (ex; Accutane)
- sleeping pills
- Chemical peels
- Hormone replacements
- Antibiotics
- Immune suppressors
- Caffeine
- Herbal supplements
- Proteins/pre workout supplements

Do you have any allergies or medical conditions not listed? If yes, please explain below:

Initials

PMU RELEASE WAIVER

I acknowledge I am over the age of eighteen, and I have truthfully represented to my technician that obtaining of a tattoo is by my choice alone

I hereby declare that I am not intoxicated, and perfectly capable of filing this form out on my own. I am fully aware of the treatment procedure and that I understand the above statement to be true. I give my consent to have Permanent Make-Up performed and assume full responsibility for the outcome. I understand I can object to procedure. state concerns or questions when I want to. I do not and will not hold the technician, of WILDKAYTE STUDIO responsible or liable should the result may not be as discussed or as I had imagined.

X
