



## CLIENT INFORMATION SHEET

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone (Day) \_\_\_\_\_  
 Night \_\_\_\_\_

May we contact you at these numbers if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>Procedures Desired:</i>				
Eyebrows	Eyelash Lift	Lipblush	Eyeliner	Scalp Micro-Pigmentation
				YES      NO
Are you currently on or have been on Accutane?				<input type="checkbox"/> <input type="checkbox"/>
Do you have oily skin?				<input type="checkbox"/> <input type="checkbox"/>
Are you currently on an antibiotic or have been within the past 30 days?				<input type="checkbox"/> <input type="checkbox"/>
Do you plan on being in the sun within the next 2 weeks?				<input type="checkbox"/> <input type="checkbox"/>
Do you have previous tattoo work on your brows?				<input type="checkbox"/> <input type="checkbox"/>
Are you pregnant or plan on getting pregnant in the next 2 months?				<input type="checkbox"/> <input type="checkbox"/>
Have you had a baby within the past 3 months?				<input type="checkbox"/> <input type="checkbox"/>

Signed: \_\_\_\_\_ (Client)

How did you hear about us?  
 \_\_\_\_\_  
 Who Referred you?  
 \_\_\_\_\_  
 Email Address:  
 \_\_\_\_\_

# DAWN MARIE STUDIO

## INFORMED CONSENT

I, \_\_\_\_\_, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Dawn Marie Studio, Inc and or any associates. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised in detail about specific risks of Scalp Micropigmentation treatment and of the fact and matters set below and I agree as follows:

The nature and method of the proposed Scalp Micropigmentation procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness and or itching. Experience tells us that these symptoms are temporary. Fading or loss of pigment may occur. Infection in the area of the procedure may occur, however, if properly cared for, occurrence is rare.

During the treatment, despite the staff expertise and all the precautionary measures, injury is possible. Despite the application of the most advanced and the top quality pigments, I acknowledge that it is reasonably possible that I may have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; I have been informed and I agree to accept the risk that such reaction is possible and I assume all liability.

I acknowledge that complications are always possible as a result of Permanent Makeup procedures, particularly in the event that post-procedural instructions are not followed.

I understand that my body is unique and the practitioner cannot predict how my skin may react as a result of the procedure. The pigment is absorbed differently due to differences in the skin quality, thus there is no warranty for the treatment success. Depending on the skin structure, it should be noted that change in the color intensity is possible and that one or more additional treatments will be required.

SMP can lead to skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate care in healing phase of the skin can lead to poor results and Dawn Marie Studio, Inc. cannot be liable for it.

In the next 10 days the client / model is required to pay close attention to the post treatment care instructions provided to him/her on writing. Dawn Marie Studio, Inc is not liable in case of improper post-treatment care.

For the purpose of education or assistance, I consent to the admittance of authorized observers to the procedure(s).

I acknowledge that the obtaining of SMP procedure(s) is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the practitioner and/or any of the practitioner's **associates reasonable necessary to perform the procedure(s)**

I acknowledge that I received a clear and understandable response to all my questions

I confirm that I have read and understood the aforementioned information. I do not have any further questions and complaints.

The treatment procedure and post-treatment care was explained to me in detail and I agree with it.

I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

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Clients Signature

Date

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Parent or Legal Signature Guardian (if client is under 18)

Date

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Dawn Marie Studio Practitioner's **signature**

Date

**CONFIDENTIAL MEDICAL PROFILE**

Name		Date		
Address				
Code	Street	City	State	Zip
Phone Number				
Emergency Contact Information				
Name			Phone Number	

**Please answer the following questions:  
pertain to you**

**Please check any of the following which**

Yes	No	Are you under the age of 18? Legal guardian's initials: ____
Yes	No	Have you had any aspirin or blood thinning products within the last 7 days?
Yes	No	Have you consumed drugs or alcohol in the last 24 hours
Yes	No	Do you have a history of cold sores, herpes or fever blisters? ?
Yes	No	Are you sensitive to Latex?
Yes	No	Have you had a chemical or laser peel? if so, when?
Yes	No	Do you have problems with healing?
Yes	No	Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?
Yes	No	Are you currently undergoing radiation or chemotherapy?
Yes	No	Are you currently using Retin-A or "Alpha Hydroxy" skin care products?
Yes	No	Do you wear contact lenses? (If yes, I understand they must be removed during my eyeliner procedure and should not be placed until the next day)
Yes	No	Are you allergic to any metal? (e.g. Can only wear 14K gold)
Yes	No	Have you ever had any permanent make up procedures before? ?
Yes	No	Medication, including immunosuppressive, such as anti-inflammatory or steroids?
Yes	No	Withdrawal from caffeine products?
Yes	No	Are you allergic to topical antibiotic preparations or desensitizers? (e.g. Polysporin, Bacitracin, Neosporin, or "Caine" family of drugs of Petroleum)
Yes	No	Is there any history of skin diseases or remarkable skin sensitivities?
Yes	No	Are you presently taking Vitamins A and or E in any form?
Yes	No	Are you pregnant or nursing?
Yes	No	Are you required to take any antibiotics during dental or invasive medical procedure?



# Dawn Marie Studio

## Appointment Deposit and Cancellation Policy

Dawn Marie Studio is committed to providing all clients with plenty of time during their appointment to ask as many questions as they need or to just make themselves feel comfortable. Therefore, Dawn Marie Studio limits the number of clients each day.

This approach may result in longer waits for clients to receive an appointment. To help avoid unnecessary delays, Dawn Marie Studio needs to follow a cancellation policy and appointment deposit, as described below.

### Appointment deposit

Dawn Marie Studio requires a \$500.00 deposit (This holds your appointment time.) No refunds unless you follow the 48 hour LETS BE NICE Policy.

### 48 Hour LETS BE NICE policy

If you change your appointment 48 hours or more before your scheduled deposited & booked appointment time, your appointment deposit will be applied to your new rescheduled 2<sup>nd</sup> appointment ONLY. You MUST contact Dawn Marie Studio at or before the 48 hour cancellation deadline.

All deposits are nonrefundable. NO EXCEPTIONS

### Consultations and Full Payments

Your Dawn Marie Studio appointment deposit is due when your appointment is booked, either online, over the phone or in person. Your appointment is not confirmed until deposit is received. No Exceptions.

Your balance must be paid in full at your procedure.

Cash and Credit Cards accepted. If you pay with a credit card 3% of your total will be added to your procedure/deposit.

If you decide you don't like your brows, for any reason, there is NO REFUND. NO EXCEPTIONS. You need to call Dawn Marie Studio immediately after initial procedure if you feel this way for solution.

**Dawn Marie Studio appreciates your understanding of the need for the above policy. Our goal, as always is to provide our clients with thoughtful service and optimum results.**

## Scalp Micropigmentation Pre-Care Instructions

Thank you for choosing Dawn Marie Studio for your Scalp Micropigmentation experience. Please make sure you read the following instructions to assure the best results for your procedure.

It is very important to refrain from all alcohol, aspirin or aspirin products, such as blood thinners.

Please refrain from Ibuprofen and Aleve for 24 hours prior to your appointment.

The only product for aches and pain that will not make you bleed is Tylenol. You may take Tylenol before your procedure to alleviate pain.

Also refrain from Vitamin E and fish oil capsules for 7 days prior to your application.

All of these make you bleed excessively. Excessive bleeding during the procedure will negatively affect the longevity of your semi-permanent makeup application. In some cases, the application will need to be prematurely stopped.

Clients can continue using Propecia during & after their scalp pigmentation procedure. Rogaine (topical minoxidil) should be suspended during the course of treatment & for 30 days post your final session. This is to ensure the proper healing & settling of pigment without interference of the chemicals found in Rogaine foam.

Thank you again and we look forward to seeing you

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Client Name

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Client Signature



**Your Mid – Treatment After Care Guidelines**

*You are on your way to a style you'll love. Follow these simple guidelines to ensure the proper healing of your SMP treatment.*

**General Post Treatment:** Avoid chlorinated pools, ocean, saunas, steam rooms, spray tans, tanning beds for 30 days post final session and hair color 21 days after treatment.

**4- 5 Days Post Session**

**Can't**

**Can**

Sweat heavily (avoid intense exercise	Wear a hat or skullcap
Scrub, Shampoo Area	Lightly dab area with wet cloth; light rinse is OK – do NOT soak
Shave over treated area	Sleep anyway you wish
Expose to long term sunlight	Drink plenty of water
Touch with hands	Take medication as prescribed

**5+ Days Post Session**

**Can't**

**Can**

Scratch scalp or at any scabbing	Carefully shave or cut your hair
Use any shampoos or exfoliants	Lightly rinse with water and soap
Use any self-tanners or skin irritants	Apply a fragrance-free moisturizer
	Resume light exercise

**After 10 days: Return to normal routine. Please wash head and cut hair before returning for follow up session.**

**Important**

- Having your treatment spread out a bit allows for your technician to see how things are healing.
- Once you have completely healed & all the pigment has faded, your hair will look natural & completely realistic.
- Maintenance is important, touch-ups may be required.