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Superstarbeauty1



DChibas



SuperStarBeauty.com
Health Form For Permanent Makeup

Office Use Only

<input type="checkbox"/> Brows	Color/Brand/Blade	<input type="text"/>
<input type="checkbox"/> Eyeliner	Color/Brand/Blade	<input type="text"/>
<input type="checkbox"/> Lips	Color/Brand/Blade	<input type="text"/>

First Name Last Name Date Of Birth Age

Address, City, State, Zip

Home Number Cell Number Email

List any medications you have been taking in the past 6 months. Driver License Exp Date & State

Have you ever had an allergic reaction to one of the following?: Lanolin Latex Rubber Vaseline Bacitracin Foods

Other Allergies: Metals Hair Dyes Medication Caine
 Paints Crayons Glycerine Lidocaine

Have you had one of the following check box ? (if yes explain below) Retin A (Within 2 Weeks) Anemia Diabetes

Hypertrophic Scars Low Blood Pressure Sensitivity to Cosmetics HIV Prolonged Bleeding
 Chemical or Laser Peel (within 6 weeks) Healing Problems Trichotilomania Epilepsy Liver Disease
 AHA Preparations (in the last 2 weeks) Do Scar Easily Tumors, Growths or Cysts Hairloss Haemophilia
 Do you bruise or Bleed easily Currently Pregnant Hepatitis Alopecia High Blood Pressure
 Fat, Botox, or Collagen Injections Currently Breastfeeding Circulatory Problems Cancer Keloid Scars
 Artificial Heart Valves Fainting Spells/ Dizziness Stroke/Chest Pain Radiation/Chemo therapy
 Do you use Asprin for blood thinning? Do you use Asprin Daily? Have you ever had Herpes, Cold Sores, Fever Blisters?
 Do you have history of skin diseases? Do you have any Permanent Makeup or Tattoos? Hyper/Hypo Pigmentation
 Have you taken any form of mood altering medication in last 10hrs? Have you had complications with permanent MU or tattoos?
 Are you required to take antibiotics prior to dental/medical procedures? How often do you exfoliate your skin and what do you use?
 Do you wear contact lenses? (If yes, and you are undergoing an eyeliner procedure they must be removed minimum of 24 hours)

If checked any boxes above please explain here: (if needed use back of page)

Have you ever had a fever blister or cold sore? Yes No

IF YES, contact your physician for a prescription of Zovirax or some other anti-viral medication. I have read the above information regarding an anti-viral and understand its use is mandatory if desire lip line or full color procedures. Client Signature

Are you currently under the care of a physician? Yes No If Yes, Why?

Physician Name Phone Number Ext

I am over the age of 18 and in sound mind body and health .I do not have any type of mental impairment that may affect my judgement. (i am not under the influence of drugs or alcohol) I have post procedure inst and I'm fully aware of the post care procedures. I have fully understood the information provided above. I can confirm that all the information provided by me, is correct and truthful. May we contact you at the phone numbers provided above and or leave a message if necessary? Yes we may contact you and or leave msg. No you may not contact me and or leave msg (Please Initial)

Print: Client Full Name Client Signature Date

Technician Name: Diana Chibas Technician Signature

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Permanent Makeup Pre, Post Procedure Advice
and Photograph Release/Copyrights
Please read the following advice carefully and sign at the
end (3 Pages).



Pre Procedure Advice

1. Please do not drink alcohol the night before microblading procedure. Do not take an aspirin or ibuprofen for pain relief (this thins the blood)
2. Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper (Piper nigrum), Cardamom (Elettaria cardamomum), any member of the Zingiberaceae (Ginger) family Cayenne (Capsicum frutescens) Cinnamon (Cinnamomum cassia), Garlic (Allium sativum), Horseradish (Armoracia lapathifolia), Mustard - A patch test will be performed, unless waived upon request.
3. Any brow shaping using waxing should be performed at least 48hrs before the microblading procedure.
4. Electrolysis treatment should be undergone no less than 5 days before the microblading procedure.
5. AHA preparations should be undergone no less than 2 weeks before the microblading procedure.
6. Chemical, laser peel or Retin-A should not be utilized 6 weeks before the microblading procedure.
7. Microblading Procedure can not be performed if pregnant or breastfeeding.
8. You must provide doctors note if you have : diabetes, lupus, cancer, heart condition etc.
9. Can not perform microblading on clients with Aids or Hep C etc, due to high risk of infection and poor healing results.
10. If you have prior tattoo you must send photo before finalization of booking to ensure microblading can be done over pre existing tattoo.

Procedure Advice

1. Please remove make-up on the day of your procedure.
2. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior procedure.
3. As result of the treatment, combined with the use of the anesthetic you can experience some redness/swelling that can last 1-3 days.
4. Please be aware that color intensity will be significantly darker and sharper immediately after the procedure. This will reduce by 30% - 50%.
5. Infections can occur if after care instructions are not followed correctly.
6. If any further questions please refer to after care instructions, that were given to you during the procedure.

Eyebrow Permanent Makeup Post Procedure Instructions

The day of the treatment: Absorb

Gently blot the area with damp cotton ball to absorb excess lymph fluid. Do this every hour for the full day until oozing has stopped. Re-moving this fluid prevents hardening of the lymph.

Days 1-7: Wash

Wash daily to remove bacteria and dead skin. (Do not worry; this does not remove the pig-ment)

Gently wash your eyebrows each night with water and an antibacterial soap like dial or sensi-tive soap Cetaphil or Neutrogena. With a very light touch, use your fingertips to gently cleanse the eyebrows. Rub the area in a smooth motion for 10 seconds and rinse with water ensuring that all soap is rinsed away. To dry, gently pat with a clean tissue. Do not use any cleansing products containing acids (glycolic, lactic, or AHA), or any exfoliates.

Days 1-7: Moisturize 3x day

Apply a rice grain amount of aftercare ointment with a cotton swab and spread it across the treated area. Be sure not to over-apply as this will suffocate your skin and delay healing. The ointment should be barely noticeable on the skin. Never put the ointment on wet or damp microbladed brows.

What Not To Do and Avoid

- * Do not pick/tweeze/wax/perform electroly-sis one week before procedure. *Avoid hot, sweaty exercise for one week.
- * Do not tan two weeks prior or have sun-burned face. *Avoid direct sun exposure or tanning for 4 weeks after procedure. Wear a hat when outdoors.
- * Do not have any type of facial 2 weeks prior to treatment *Avoid heavy sweating and long hot showers for the first 10 days.
- * Do not work out the day of the procedure *Avoid sleeping on your face for the first 10 days.
- * Do not have Botox 3 weeks prior *Avoid swimming in lakes, and hot tubs for the first 10 days.
- * Do not take fish oil or vitamin e one week prior (natural blood thinners) *Avoid topical makeup including sunscreen on the area.
- * Do not wax or tint your eyebrows 3 days before the procedure. *Do not rub, pick or scratch the treated area.
- *Use a fresh clean pillow case . (Satin Pillow Case, if possible) *Let any scabbing or dry skin naturally exfoliate away. Picking can cause scarring or loss of color.
- *Once the color has come back and the brows are all healed there may be a few areas where there are patches with no color. It is impossible to make the brow's perfect and fully colored the first time. This is what the touch up is for and why we recommend to get the touch up 6-8 weeks after the first procedure.

Photo, Video Release & Copyrights

As part of your treatment we will be photographing the area of your brows/lips/eyes (and in some cases, filming the treatment process). This will allow us to visually monitor your individual before and after results. We would appreciate your willingness to share your outcome and results with others,for marketing purposes within the beauty, cosmetic and aesthetic industry. In all cases we will do everything we can to keep your identity anonymous unless you allow us to tag you on social media. I give my full consent for all photographs/footage captured before,during and after my treatment by, **Super Star Beauty, By Diana Chibas** to remain the property of the shop with this consent, I further acknowledge that my participation is voluntary and I will not receive financial compensation of any type associated with the taking or publication of these images/footage. I, the undersigned model, assign to you the copyright photography.

Client Signature

I Allow Super Star Beauty by Diana Chibas Tag me on social media I Decline, I want to stay Anonymous

I certify that I have read and fully understand the above consent and procedure permit. I accept full responsibility for possible complications which may arise or result during or following the microblading procedure. The treatment is performed at my request according to this consent, pre-procedure form and post procedure guidelines. I here by authorize technician: **Diana Chibas**

Client Full Name Client Signature Date

Technician Name Technician Signature Date

