



**507 Ave I NW, Childress, TX 79201**

**Call 940-937-9091 or Text 210-664-9400**

[ispachildress@yahoo.com](mailto:ispachildress@yahoo.com)

[www.ispachildress.com](http://www.ispachildress.com)

## **CLIENT COPY**

### **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.

Please clean all areas to be treated with an anti-bacterial cleanser prior to your appointment. Bring your favorite eyebrow pencil or eyeliner with you.

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 two weeks after the eyebrow or eyeliner procedure before dyeing 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.

Do not use aspirin or ibuprofen for 7 days prior to your procedure.

The topicals we use work well. To help manage anxiety and/or pain we suggest you visit with your MD for prescription medications. We also recommend you take Benadryl 25 mg upon arrival for your procedure. Benadryl helps with tearing, swelling and it does help to relax most.

We look forward to working with you. Please wear something old that you wouldn't mind if the pigment stained it. If you have any questions, please contact us or make notes so we can discuss them when you arrive for your appointment.

Basic eyeliner upper & lower ~ \$350	Designer liner upper & lower ~ \$450
Upper eyeliner ~ \$225	Lower eyeliner ~ \$175
Eyebrows ~ \$300	
All Touch ups ~ \$150	



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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. Micropigmentation is a form of tattooing used for the purpose of permanent cosmetic makeup.

I voluntarily request as my intradermal cosmetic technician to perform on my body the following procedure (circle all that apply):

Upper eyelid    lower eyelid    lower mucosal eyelid    eyebrow    lip liner    full lip

### Please check

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

\_\_\_\_\_ I have informed Sherel Truhan 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:\_\_\_\_\_ Phone:\_\_\_\_\_

Address:\_\_\_\_\_ City/ST\_\_\_\_\_ Zip:\_\_\_\_\_

### 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 Sherel Truhan, iSpa, assistants and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments. If receiving spot test, you must wait 2 weeks to have the procedure.



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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 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 of 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 hazard 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 Sherel Truhan 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 settle by arbitration in the state of TX 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 Sherel Truhan, a health care practitioner, TX 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 had been read to me. I understand its contents.

-----  
Signature

-----  
Date



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### Medical History Form

Today's Date: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

In case of Emergency, contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

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 and phone number.*

\_\_\_\_\_  
*Physician* *phone number*

List all medications (RX and OTC) you are currently taking or using, including Retin A, Glycolic Acid and Acutane: \_\_\_\_\_

List any drugs, makeup or food allergies: \_\_\_\_\_

Have you recently undergone a skin peel? Y N When: \_\_\_\_\_

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

Do you have or have you ever had any of the following conditions:

- |   |                                  |
|---|----------------------------------|
| Y N Heart Problems: Describe: _____                             | Y N High Blood Pressure          |
| Y N Cold sores/Fever Blisters                                   | Y N Herpes Simplex               |
| Y N Hemophilia  | Y N Epilepsy                     |
| Y N Diabetes  | Y N Syncope / fainting           |
| Y N Cataracts   | Y N Glaucoma                     |
| Y N Corneal Abrasions   | Y N Eye Surgery or injury        |
| Y N Cancer  | Y N Tumors/growth/cysts          |
| Y N Chemotherapy or Radiation                                   | Y N Hepatitis                    |
| Y N Do you wear contact lenses?                                 | Y N Do you use tobacco products? |
| Y N Are you using any eye drops or other ocular medications?    |                                  |
| Y N Have you ever experienced hyperpigmentation from an injury? |                                  |
| Y N Do you form keloids?  |                                  |
| Y N Are you currently taking aspirin or ibuprofen?              |                                  |
- Date of last eye exam \_\_\_\_\_ Examining Physician \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### POST PROCEDURE INSTRUCTIONS

#### FOR ALL PROCEDURES

**Immediately following cosmetic tattoo procedure:** Apply ice to treated area for 10-20 minutes as often as possible. Ice helps reduce swelling and aids in healing.

#### For 7-10 days following application of permanent cosmetics:

- MICROBLADED BROWS ~ DO NOT GET WET FOR 10 DAYS
- MICROBLADED BROWS ~ After 48 hours, clean eyebrow with a damp Q-tip once daily.
- Do not rub or pick at the epithelial crust, allow it to flake off on its own. Absolutely no soaps, no scrubbing, no cleansing creams or chemicals. (Including Retin-A, Glycolic acids, anti-aging or anti-acne serums or creams)
- 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 sunblock after the procedure area has healed to prevent future fading of pigment.
- Do not use mascara or eyelash curler for seven days post procedure. When you resume use of mascara 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 procedure.

I understand that at the first sign of an infection, adverse reaction or allergic reaction the procedure, I must notify Sherel Truhan or iSpa, a health care provider and the TX Department of Health, Drugs and Medical Devices Division at 888-839-6676. **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. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete.

Driver's License Information

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

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

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

\_\_\_\_\_

Signature



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<b>Date:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home phone:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Referred by:</b>		
<b>Fees discussed:</b>		
<b>Procedure requested:</b>		
<b>Areas of concern:</b>		
<b>Technician:</b>		
<b>Pigment(s) used:</b>	<b>Color:</b>	
<b>Lot #</b>	<b>Batch #</b>	<b>Exp date:</b>
<b>Machine used:</b>	<b>Needle size:</b>	
<b>Anesthetic(s) used:</b>		
<b>Touchup(s) done:</b>		



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ENJOY YOUR PERMANENT COSMETICS!

