



PRE-PROCEDURE INSTRUCTIONS

In the State of Minnesota, only a licensed Tattoo Artist can perform Permanent Makeup including Microblading.

GENERAL PRE-INSTRUCTIONS

- If you are pregnant or nursing, you are not a candidate for Permanent Makeup.
- If you are on blood thinners, including a daily aspirin, you must consult your Doctor prior to receiving permanent makeup as these medications thin the blood.
- Avoid Aspirin, Advil, Fish Oil and the like for 2 weeks prior to the procedure.
- Avoid Alcohol 24 hours prior to procedure(s)
- No Accutane use currently or within previous 12 months
- Don't schedule right before or during your monthly cycle as there is a tendency to be more sensitive during that time.
- Do not tan directly or indirectly for 1 month prior to procedure.
- If you have any health concerns, consult with your physician.

PRE-PROCEDURE FOR EYEBROWS (INCLUDING MICROBLADED EYEBROWS)

- ❖ *No Botox a minimum of 2 months prior to procedure.
- ❖ *If you have your brows waxed or threaded, do not have them done for at least 1 weeks prior to procedure. Do not have them tinted minimum of 2 weeks prior to procedure.
- ❖ *Avoid Retin A and Retinols 2 weeks prior to procedure.

MICROBLADING SPECIFIC

- ❖ If your skin is oily and you have larger pores you may not be a good candidate for Microblading
- ❖ Diabetics and Smokers are not good candidates for Microblading.

PRE-PROCEDURE EYELINER

- ❖ Discontinue using Latisse or any lash enhancement products for 1 month prior to procedure.
- ❖ No eyelash extensions. Have them removed minimum of 2 weeks prior to procedure.
- ❖ Do not wear contact lenses to the procedure. Bring your glasses
- ❖ If you have any eye health issues, you must consult your physician and bring written consent to the appointment.
- ❖ If you've had any eye issues or eye surgery including lasik, consult with your physician.
- ❖ Discard old mascara, purchase new. Wash out all your eye makeup brushes.

PRE-PROCEDURE LIPS

- ❖ If you have ever had a cold sore, please contact us immediately.
- ❖ No lip injections for 4 months prior to procedure.

I have received the pre-procedure instructions relative to my procedure and have followed all precautions.

Signature _____ Date _____

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