



NAME \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I agree to contact via phone , email and text appointment reminders \_\_\_\_\_ initial

How did you hear about VINE?

Yelp \_\_\_\_\_ Friend \_\_\_\_\_ google \_\_\_\_\_ Facebook \_\_\_\_\_ Other \_\_\_\_\_

Profession \_\_\_\_\_

### **Health History for our session**

#### **General:**

Are you currently take any blood thinning medications? \_\_\_\_\_

Do you need antibiotics when seeing the dentist? \_\_\_\_\_

Do you have cold sores or herpes simplex outbreaks \_\_\_\_\_ If yes did you take an antiviral 72 hours prior till today?

Are you currently pregnant? Y/N We will not treat you if pregnant or breast feeding.

Have you had alcohol in the last 24 hours ? \_\_\_\_\_ Aspirin? \_\_\_\_\_

Do you have any known allergies to lidocaine? \_\_\_\_\_

Have you had previous tattoos? \_\_\_\_\_ any reactions to pigment \_\_\_\_\_

#### **Eyebrows procedure:**

Have you had any chemical peels or laser to the area in last 2 weeks? \_\_\_\_\_

Do you have any scars in the area ? \_\_\_\_\_

#### **Eyeliner procedure:**

Did you remove any contact lenses ? \_\_\_\_\_

Do you have any current eye conditions being treated by physician ? \_\_\_\_\_

#### **Lips procedure:**

Do you have any lip medical conditions? \_\_\_\_\_

Other : \_\_\_\_\_

#### **Informed Consent:**

I am over the age of 18, am not impaired and desire to have this permanent cosmetics procedure. \_\_\_\_\_ Initial

I understand that there are risks with this procedure and possible complications known and unknown. Rare but can occur are scarring,brusing, allergies reactions infection, pigment migration, loss of pigment, and undesired results \_\_\_\_\_ initial

I fully accept and understand the risks and fully understand that pigment may not retain, shift color and due to my own skin type, age and health influence the outcome. I I release my artist and VINE studios from liability if I have any of the issues aforementioned \_\_\_\_\_ initial

I understand that I must comply with post procedure instructions, that include

\*using prescribed after care products

\*wearing sunscreen daily on eyebrow area and lips to prevent color shift

\*Keeping the area clean and not irritated

\*Following the after care instructions given to me at the time of this session

\*Touch ups are not included \_\_\_\_\_ initial

#### **Policies:**

I understand there are no refunds, chargebacks or money issued after treatment. I understand and accept full responsibility for my post care and will notify VINE if I have concerns or questions regarding my treatments. \_\_\_\_\_ initials

I agree to photos taken as required by insurance and allow my photos to be utilized in education of other clients and students in training program \_\_\_\_\_ initials

Client Signature \_\_\_\_\_

**CHART NOTES**

DATE \_\_\_\_\_ ARTIST DAWN ANNE ANGELICA

**EYEBROWS** 1st touch up 1 touch up 2  
MICROBLADE FUSION OMBRE SOLID  
BLT 20 MIN

**Tool :** Microblade 12 slope 7 slope 16 slope U blade \_\_\_\_\_  
**Machine:** Hawk Minerva Javelin  
3 liner 5 shader 1 liner 7 mag\_BP

Colors(s) \_\_\_\_\_ brand \_\_\_\_\_

NOTES \_\_\_\_\_

**EYELINER:** 1st touch up 1 touch up 2

**Machine:** Hawk Minerva Javelin  
3 liner 5 shader 1 liner 7 mag\_BP

Color(s) \_\_\_\_\_ brand \_\_\_\_\_

**LIPS** 1st touch up 1 touch 2

**Machine:** Hawk Minerva Javelin  
3 liner 5 shader 1 liner 7 mag\_BP

Color (s) \_\_\_\_\_ brand \_\_\_\_\_

DATE \_\_\_\_\_ ARTIST DAWN ANNE ANGELICA

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Color(s) \_\_\_\_\_ brand \_\_\_\_\_

**LIPS** 1st touch up 1 touch 2

**Machine:** Hawk Minerva Javelin  
3 liner 5 shader 1 liner 7 mag\_BP

Color (s) \_\_\_\_\_ brand \_\_\_\_\_



