

ZenSations Medical Spa Services

- Pre Care Instructions -

It is important you read and follow these Pre Care Instructions prior to your procedure in order for you to have the best results possible. If you should have any questions or concerns, please do not hesitate to contact us immediately. We are here to work with you as a team to help you look your best!

GENERAL (ALL COMPLETE THIS SECTION)

1. Avoid the following: Advil, Aleve, aspirin, bromelain, fish oil, flaxseed oil, ginseng, ginger, ginkgo biloba, Motrin, multi vitamins, omega 3 fatty acid, vitamin B6, vitamin C & E, CoQ10 or C-Q10, alcohol, cayenne pepper, cinnamon, curry, dill, dried fruit, garlic, honey, jicama, licorice, olive oil, oregano, onions, peppermint, turmeric, vinegar, caffeine or sources of caffeine (chocolate, coffee, tea, soda, weight loss pills, migraine pain pills, energy water/drinks, Red Bull, guaranna, ginseng, ginkgo, arginine, iodine, hoodia, DHEA, taurine, coconut oil) as these are common foods and over the counter non-prescription medications which are blood thinners. Also avoid any other stimulants at least three (3) days prior to all applications. This is to help with your comfort and sensitivity level and also help your skin retain the pigment. _____ INITIAL

Please understand that consuming any blood thinning ingredients can bring bruising, distortion, swelling and pigment migration outside the desired area. If you must take any pain relieving drugs three (3) days prior to your appointment, please take one (1) REGULAR Tylenol as this is not a blood thinner or stimulant.

2. Due to pigment splashes, please wear clothing you are not fond of. Although you will be draped, if pigment does get on your clothing, it will not wash out. _____ INITIAL
3. If you normally take antibiotics prior to having dental work done, you should do the same prior to this procedure. _____ INITIAL
4. If you do not follow thru with your touch up application visit within three months of the initial application, there will be an additional fee, unless waived by Gina. _____ INITIAL
5. A sensitivity test can be performed prior to your planned procedure. I ACCEPT: _____ I DECLINE: _____
6. I have adjusted my schedule and will AVOID, hot showers, steam, pools, Jacuzzi/Sauna's and sweating for 10 days' post care. _____ INITIAL
7. I _____ understand that 30 days after the follow up application is complete that the color will remain as is unless I am NOT sufficiently protecting it with proper sun care daily. (See post care for explanation) _____ INITIAL

EYES, BROWS AND LIPS

1. Delicate skin or sensitive areas may redden or swell slightly. Therefore, it is advisable not to make social plans for the day.
2. I understand I should NOT be sun tanning or getting direct sun exposure for AT LEAST one (1) week prior to any pigment application, unless using sunblock as directed. _____ INITIAL

BROWS

1. If unwanted hair is normally removed in the area to be treated, tweezing or waxing should be done at least 24 hours prior to procedure and electrolysis no less than five (5) days. Do not resume any method of hair removal for one (1) week after the procedure.

PLEASE SEE REVERSE SIDE FOR FURTHER PRE CARE INSTRUCTIONS

EYES AND BROWS

1. If eyelashes or eyebrows are normally tinted, allow two (2) days prior to your procedure or wait two (2) weeks after the eyebrows or eyeliner procedure(s) has been completed.
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EYES

1. If you wear contact lenses and are having an eyeliner procedure, do not wear your lenses to your appointment and do not replace them until the day following your procedure.
 2. If you are having an eyeliner procedure, as a safety precaution in the event of watering, light sensitivity or swelling, we recommend you have someone accompany you (or be on call) who can drive you home. PLEASE BRING WITH YOU A DARK PAIR OF SUNGLASSES.
 3. If you are having your eyes tattooed, **you must stop all lash growth stimulators at least one week prior to**, as they create bleeding, bruising, migration and sensitivities, and additional color loss.
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LIPS AND EYES

LIP AND EYE plastic baggie with one (1) cup of rice and put it in your freezer. You will need one (1) baggie per area so as to not cross -contaminate and spread germs or possible infection to another area. This will give you a perfect cold compress for any swelling that may occur after your procedure. Apply 10 minutes on / 10 minutes off for one (1) hour only. Make sure you keep the baggie clean at all times so as not to contaminate your procedure area. *Special topical solutions were applied to the direct area during the tattooing process to help restrict swelling. You should not have any more inflammation to these areas if you have followed all the Pre and Post Care Instructions. For Lip Procedure only, suggestion: Bring with you on day of lip application, 2 Tylenol & 1 Ibuprofen.*

LIPS

1. LIP TATTOOING: If you have a history of cold sores, canker sores and/or fever blisters on your lips, chin or in your nose, you should ask your physician for a prescription for **500 mg.** of Zorivax or Valtrex tablets. ***They must be taken for five (5) days prior to your procedure and continued after the procedure for the next five (5) days. Additionally, for Lip Procedures, L-Lysine (500 mg.) must be taken once a day one (1) week prior to lip procedure and one (1) week following procedure.*** This is used as a precaution only if you do not have a tendency to have any outbreaks and can be found at your local grocery, drug or health food store. _____INITIAL
 2. LIP TATTOOING: All long lasting lipsticks, stains and glosses **MUST** be stopped at least two weeks prior to lip tattooing. They contain drying agents that prohibit color from being retained in the lip tissue when healing. _____ INITIAL
 3. LIP TATTOOING: Stop any teeth bleaching one week prior to having lips tattooed. It leaves the teeth porous and they may become discolored. _____INITIAL
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[I have read the above and fully understand all instructions. I have received a copy for my records.](#)

Client
Signature: _____ Date: _____