



HAMMAM ALMANZOR MASSAGE & BEAUTY CENTER

MICROBLADING OF EYEBROWS CUSTOMER INFORMATION (Permanent makeup)

CONTRAINDICATIONS TO TREATMENT

- Pregnancy or lactation.
- Bleeding disorders (haemophilia, blood clotting problems).
- Dermatitis and other skin diseases.
- Hypertension (high blood pressure).
- Epilepsy.
- Diabetes.
- Moles and birthmarks in the workplace.
- Tendency of the body to form keloid scars
- Oncological diseases, chemotherapy or radiotherapy.
- Viral diseases (HIV, AIDS, Hepatitis) or bacterial.
- Cardiovascular diseases.
- Menstruation.
- Psychic disorders.
- In the area not stabilized scars, recent Burns, ulcers, bruises, psoriasis, warts and melanomas.

Treatment cannot be used if the client is taking tablets for acne "Retin A".

If the customer has made an injection of botox, treatment can be a month later.

MEASURES TO TAKE 24 HOURS BEFORE TREATMENT

- You cannot take tea, coffee or energy drinks.
- Do not take alcoholic beverages.
- Do not take drugs antigregantes such as aspirin (acetyl salicylic acid), except medical criteria.
- Not take anticoagulants and vasodilators, drugs medical criteria.
- Do not expose to sunlight or UV RAYS.
- Not be on fasting

RECOMMENDATIONS AFTER TREATMENT

- Keep the area dry.
- Do not cause harm, scratch, rub etc., the area of application or in your case do facials.
- Avoid non-specific cosmetic, creams, make-up, cleansing milks, vaseline, etc...
- Avoid the Sun and UV rays.
- Avoid saunas, pools, and beach.
- Use full screen sunscreen before exposing to the Sun.
- If any reaction or alteration were in the days of the application must be medical consultation.

Notice: The Statistics say that 7% of the patients are not left with pigment.

The person user/client admits having received sufficient information, in writing and orally, envelope as set out in the present document and makes express compliance demonstration for the art of body decoration or microblading is applied. And as proof of the same sign this document in the presence of applicator, whose signature of commitment is accompanied.

In.....to.....of..... 2019

APPLICATOR

(1)

Signed: Rabha Zidine

Signed:

(1) User, parent or guardian/a, as appropriate.