



STRIIIE PIGMENT REMOVAL BEFORE CARE

CONTRAINDICATIONS FOR PIGMENT REMOVAL -

- × Pregnant or nursing
 - × Diabetic
 - × Chemotherapy (consult your doctor)
 - × Viral infections and/or diseases
 - × Epilepsy
 - × Pacemaker or major heart problems
 - × Organ transplant
 - × Skin irritations or Psoriasis near the treated area (rashes, sunburn, acne, etc.)
 - × Sick (cold, flu, etc.)
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2 WEEKS PRIOR -

- Stop the use of any topical growth serums such as Latisse, GrandeBrow, Vegamour, etc.
- If you have had a cold sore or shingles, speak to your doctor about obtaining a prescription to prevent an outbreak before the procedure.
- Botox in the past 2 weeks

5 DAYS BEFORE -

- NO: Electrolysis Tanning or Sun Exposure

2-3 DAYS BEFORE -

- NO: Alcohol or Caffeine
- NO: Waxing, Tweezing, or Tinting

24 HOURS BEFORE & THE DAY OF THE PROCEDURE -

- No Blood Thinners such as: Asprin, Niacin, Vitamin E, Fish Oil or Ibuprofen
 - No Skin irritations like sunburn or acne breakout in the brow area
 - Do not work out on the day of the procedure
 - *Please note that you will be more sensitive during your menstrual cycle*
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STRIIIE BROW PIGMENT REMOVAL AFTER CARE

IMMEDIATELY FOLLOWING -

- 3-4 Hours after appointment clean your brows with sterile water and wipe brows to remove any ointments or lymph fluid with product provided in aftercare kit.
 - Continue wiping brows every few hours until no more lymph fluid is present.
**If you have oily skin it is recommended to use a blotting paper a couple of times per day, starting the day after the procedure.*
 - **KEEP AREA CLEAN** and open to the air. Do not cover it with a Band-Aid or anything else. Air/oxygen provides the best healing.
 - **DO NOT SOAK** the treated area in water. You can shower as normal but keep the area out of the shower spray the best you can and do not let the area stay wet for more than a few minutes.
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10-14 DAYS AFTER -

- NO Water, Cleansers, Creams, Aquafor, Neosporin, or Makeup
- Avoid Heavy Sweating for 10 days
- No Tinting, Tweezing, or Waxing for 2 weeks following procedure

DO NOT:

- × Rub, scratch or pick the area. Let scabbing or dry skin naturally exfoliate off. Picking can disrupt the healing process and cause scarring. You should not be touching the area at all but if you find yourself needing to please make sure your hands are exceptionally clean.
- × Expose healing skin to direct sun, tanning bed, sauna, salt or chlorine water or direct shower spray.

DO:

- Scabs will be gone in approximately 10-15 days. Once scabs flake off naturally use sunscreen on the area. The goal is to keep the area dry while healing so do not use sunscreen prematurely.
 - Once all the scabbing has fallen off naturally, apply one drop of Vitamin E Oil 4-6 times throughout the day **EVERY OTHER DAY** (every 48 hours) for a minimum of 4 weeks, or until the next lightening session.
****DO NOT** start applying the Vitamin E oil until all scabbing has completely fallen off.*
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STRIIIE BROW PIGMENT REMOVAL AFTER CARE

3-4 WEEKS AFTER -

DO NOT:

- × Facials
 - × Botox
 - × Chemical Peels
 - × Microdermabrasion
 - × Retinol/Retin-A/Tretinoin
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8-12 WEEKS AFTER -

It is important to the process and integrity of the skin that 8 full weeks of healing take place before another lightening session can be done.

Lightening and/or removing unwanted pigment is a long process and patience is required. How many sessions are needed will depend on how saturated the pigment is, how deep it was implanted, and how much needs to be removed for the desired result. **Results cannot be foreseen, predicted, or guaranteed.**



CONSENT FOR PIGMENT REMOVAL (TATTOO LIGHTENING)

Client Name: (Print) _____

The nature, method, and all risks of the proposed tattoo ink lightening or removal procedure have been explained to me. _____ (Client Initials)

I understand that there may be a certain amount of discomfort or pain associated with the procedure. Other rarely occurring adverse side effects may include but are not limited to lightening or darkening, scarring, or infection of the skin. _____ (Client Initials)

I clearly understand all the risks involved, the likelihood of any adverse reactions to the procedure, and that STRIIKE will work with me to help achieve the best results possible. _____ (Client Initials)

I understand that several treatments may be needed to achieve my desired results. However, I also understand that there is no guarantee or assurance as to the ultimate outcome or result of this procedure. _____ (Client Initials)

For skin types V and VI (darker skin tones) only:

I understand that I am at a higher risk for hyper-pigmentation and hypo-pigmentation than other skin types. I agree to the risk involved or any damages that may occur to my person. _____ (Client Initials)

I understand that the complete removal of tattoos is difficult. As a result, I will not hold my technician or this establishment responsible for any resultant failure to lighten or remove completely the unwanted ink. _____ (Client Initials)

I agree to follow all written and oral instructions concerning the care of my tattoo removal procedure area while healing. I agree that any complications resulting from my negligence are fully my responsibility. _____ (Client Initials)

I agree to before and after photographs and I give my permission to use such photographs for publication and/or for teaching purposes. _____ (Client Initials)

I understand all the information listed above, have had all questions answered, and agree to all conditions and provisions of this document as evidenced by my signature below. I accept the risks of having this procedure done and I voluntarily request that the tattoo lightening and removal procedure(s) be performed on me. _____ (Client Initials)

Patient/Client Signature: _____

Date: ___/___/___