Procedure Record

Name_____ **Date**_____

Time:
Procedure start_____
Procedure end _____

Pre-Op Checklist
☐ Allergies_____
☐ Informed Consent
☐ Client History ☐No change in medical status
☐ Pre-photographs ☐ Physician's release obtained
☐ No prior "fever blisters" ☐ If fever blisters: took Acyclovir Rx

Skin preparation: ☐ Alcohol ☐ Cetaphil

Type of procedure:
☐ Eyeliner ☐ Smudgy Eyeliner ☐ Corrective
☐ Brows ☐ Lipliner ☐ Areola
☐ Full lip color ☐ Wrinkle treatment with dry needles
☐ MCA ☐ Scar camouflage

Scar description: Size_____Color_____ Age_____

`☐ Smooth ☐ Irregular ☐ Straight ☐ Curved ☐ Flat ☐ Raised ☐ Indented
Remarkable features:_____

Pigments: Name: Lot No. Exp. Date
Formula_____

Anesthesia: ☐ Topical: Name _____ Time_____
Name _____ Time_____

☐ Dental block per "Doctor's Name": _____

Pain Tolerance: ☐ High ☐ Medium ☐ Low

Procedure Tolerance: ☐ High ☐ Medium ☐ Low

Technique: ☐ Coil ☐ Rotary ☐ Manual Name of Device _____

Needle Description: ☐ Shader ☐ Round ☐ Flat ☐ Magnum ☐ Slope Dixon Technique
☐ Sterile Needles Used

Post-op Care: ☐ Healquick ☐ Retain Ointment ☐ Aquaphor ☐ Petrolatum ☐ Other_____
☐ Aftercare Instructions given including emergency contact tel number
☐ Post procedure photographs taken

Procedure notes:

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☐ Fees Reviewed with Client Price Paid Cash / Check MC/VISA

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By: _____(initials)