



# ABOUT FACE

MAKEUP & PERMANENT COSMETIC SERVICES

## REOPENING ANNOUNCEMENT! A LETTER FROM DIANE BOWMAN MILLS

JUNE 2020

PLEASE DO NOT RETURN THE COMPLETED FORMS VIA REGULAR MAIL. YOU MAY EITHER RETURN VIA EMAIL OR BRING TO YOUR FIRST APPOINTMENT.

WE ARE HAPPY TO ANNOUNCE THAT WE WILL BE REOPENING OUR STUDIO FOR APPOINTMENTS BEGINNING **TUESDAY, JULY 7, 2020**. IT'S BEEN A LONG TIME COMING BUT WE ARE READY FOR YOU!

A FEW CHANGES YOU WILL NEED TO BE AWARE OF PRIOR TO BOOKING:

- OUR STUDIO IS REOPENING ON A LIMITED SCHEDULE
- DUE TO INCREASED COST OF PPE & LIMITED SUPPLIES, PRICES HAVE INCREASED BY APPROXIMATELY 10% PER PROCEDURE
- **TUESDAY, WEDNESDAY & THURSDAY FROM 11:00 AM – 7:00 PM UNTIL LABOR DAY AND ONE SATURDAY PER MONTH WILL BE PROVIDED AS NEEDED.**
- **OFFICE WILL BE CLOSED FOR 2 WEEKS; AUGUST 16-30.**
- ALL APPOINTMENTS WILL BE BOOKED ON A FIRST COME, FIRST SERVE BASIS AND DEPOSITS WILL BE REQUIRED.
- **YOU MUST COMPLETE & READ THE ATTACHED FORMS PRIOR TO YOUR APPOINTMENT AND BRING THEM WITH YOU TO YOUR APPOINTMENT.**
- **YOU MUST WEAR A FACE MASK TO YOUR APPOINTMENT**
- YOU MUST NOT BRING ANYONE WITH YOU TO YOUR APPOINTMENT. THERE WILL NO LONGER BE A WAITING AREA AVAILABLE.
- YOU MUST ENTER OUR FACILITY WITHOUT MAKEUP. IF YOU NEED TO REMOVE YOUR MAKEUP UPON ARRIVAL, PLEASE USE THE LADIES RESTROOM LOCATED IN THE HALLWAY. WE WILL SUPPLY YOU WITH REMOVER IF NECESSARY.
- **PLEASE LEAVE YOUR HANDBAG IN YOUR VEHICLE AND ALSO NO FOOD OR DRINK WILL BE ALLOWED INSIDE THE STUDIO.**

WE WOULD GREATLY APPRECIATE YOU BOOKING YOUR APPOINTMENT ONLINE AT [HTTPS://ABOUTFACENJ.COM/SCHEDULE-YOUR-APPOINTMENT](https://aboutfacenj.com/schedule-your-appointment) WHERE YOU WILL BE ABLE TO LEAVE YOUR DEPOSIT FOR THE TIME YOU HAVE SCHEDULED.

ANY QUESTIONS OR CONCERNS PLEASE TEXT TO 732.997.8773 OR EMAIL TO [DIANETHEBROWCHICK@GMAIL.COM](mailto:DIANETHEBROWCHICK@GMAIL.COM)

WARMEST REGARDS,  
DIANE BOWMAN MILLS  
OWNER

# ABOUT FACE

MAKEUP & PERMANENT COSMETIC SERVICES

## PERMANENT COSMETIC SERVICES:

### EYEBROW PIGMENTATION:

**MICROBLADING (2 HOURS)**

**\$550**

**(INCLUDES 2 SESSIONS, SPACED 4-6 WEEKS APART)**

**POWDER BROWS (2 HOURS)**

**\$550**

**(INCLUDES 2 SESSIONS, SPACED 4-6 WEEKS APART)**

**MICROBLADING WITH SHADING (2-1/2 HOURS)**

**\$650**

**(INCLUDES 2 SESSIONS, SPACED 4-6 WEEKS APART)**

### EYEBROW TOUCH UPS:

**ANNUAL TOUCH UP**

**(10-18 MONTHS)**

**\$400**

**ANNUAL TOUCH UP**

**(6-9 MONTHS)**

**\$350**

### EYELINER

**\$250 AND UP**

**(PER SESSION; 2 SESSIONS ARE REQUIRED 6 WEEKS APART)**

### FULL LIP PIGMENTATION

**\$250 AND UP**

**(PER SESSION; 2 SESSIONS ARE REQUIRED 6 WEEKS APART)**

## OTHER COSMETIC SERVICES...

**SUPERCILLIUM BROW HENNA**

**\$100**

**LASTS 2-3 WEEKS**



# ABOUT FACE

MAKEUP & PERMANENT COSMETIC SERVICES

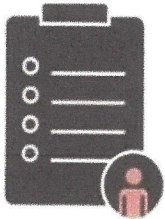
## COVID-19

### Appointment Guidelines



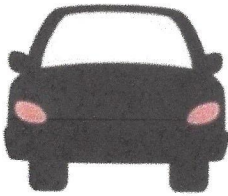
*Arrive with mask*

You **MUST** wear a mask during your time at the studio.



*COVID-19 Release Form*

Release form required for all appointments.



*Wait in your car*

When you arrive for your appointment, please wait in your car and text me, letting me know you are here.



*Wash your hands*

Please wash your hands thoroughly for at least 20 seconds when you arrive before your appointment begins.



*No additional guests*

Please don't bring any friends or family members to your appointment. If you do, they will have to wait in the car.

# ABOUT FACE

MAKEUP & PERMANENT COSMETIC SERVICES

## PRECAUTIONARY CORONAVIRUS LIABILITY RELEASE FORM

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below

Symptoms of COVID-19 include

- Fever
- Fatigue
- Dry cough
- Difficulty breathing

I, \_\_\_\_\_ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household member, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.
- I understand that this business and my micropigmentation technician cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or health history provided by each client

By signing below, I agree to each above statement and release the micropigmentation technician and About Face LLC from any and all liability for the unintentional exposure or harm due to COVID-19.

Your micropigmentation technician and all employees of About Face LLC agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded or sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





# ABOUT FACE

MAKEUP & PERMANENT COSMETIC SERVICES

**Permanent Cosmetic & Microblading Services by  
Diane M Bowman**

## GENERAL MEDICAL HISTORY/PROCEDURE CONSENT FORM

Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email: \_\_\_\_\_

Ethnic Background, please include all nationalities \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ If we call you at home, do you want confidentiality?  No  Yes

May we call you at work?  No  Yes If Yes, my work number is (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact, Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Who may we thank for referring you?** \_\_\_\_\_

Procedure(s) desired:  Brows  Eyeliner  Lips

### List all medications you are **presently** taking

Name of drug	Mg. or mcg.	How many ea. day	Why it was prescribed to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### List all medications you took **in the last six months** that you are no longer taking:

Name of drug	Mg. or mcg.	How many ea. day	Why it was prescribed to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Practitioner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**GENERAL MEDICAL** ClientName: \_\_\_\_\_

**Do you have? (check all that apply)**

- Fever Blisters/Cold Sores** (Ever, even one time)
- Glaucoma or other eye disease/disorder
- Thyroid/Grave's Disease
- Heart Disease
- Mitral Valve Prolapse
- Valve Implants
- Pacemaker
- Stents
- Diabetes requiring insulin
- Problems with healing
- Keloids
- Seizures
- Dermatological Disorder  
If so, what? \_\_\_\_\_  
Active or in Flare-ups? \_\_\_\_\_
- Hemophilia or Clotting Disorder
- Autoimmune Disorder
- Pre-existing nerve damage
- Tattoos: Colors you are sun sensitive to:  
\_\_\_\_\_
- Trichotillomania (pulling of hair, brows, lashes)
- Alopecia Totalis or Areata
- Allergies  
List: \_\_\_\_\_  
\_\_\_\_\_

**Do you use? (check all that apply)**

- Accutane (currently or within the past year)
- Antibiotics prior to dental procedures
- Steroids
- Retin-A, Glycolic Acid, Vitamin C or other Exfoliants
- Tanning Beds
- Eyebrow Tinting
- Eyelash Tinting
- Latisse
- Botox When \_\_\_\_\_
- Chemical Peels When \_\_\_\_\_
- Chemotherapy or Prophylactic dose of Chemotherapy
- Blood Thinners

**Physician's**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

**Signature of Practitioner**

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**GENERAL MEDICAL (Part 2)**

ClientName: \_\_\_\_\_

**Have you had? (check all that apply)**

- Eye Infections (Are you prone to them)
- Vision Correction Procedure (Lasik, RK) within the past 3 months
- Heart Attack - When? \_\_\_\_\_
- Joint Replacement, Organ Transplant
- Eye Trauma
- Seizures
- Fainting Spells
- Hepatitis - What Type: \_\_\_\_\_
- Hepatitis Test - When? \_\_\_\_\_
- Fat Transfer Injections - If yes, where? \_\_\_\_\_
- Gore-Tex Implants - If yes, where? \_\_\_\_\_
- Aesthetic or Cosmetic Procedures  
If yes, where? \_\_\_\_\_
- Laser Treatments
- What type & why? \_\_\_\_\_

**Are you? (check all that apply)**

- Pregnant
- Planning cosmetic surgery  
If so, what & when?  
\_\_\_\_\_
- Currently under the care of a physician  
Describe:  
\_\_\_\_\_

**Do you practice outdoor activities? Circle all that apply**

- |           |          |
|-----------|----------|
| Tennis    | Swimming |
| Golf      | Skiing   |
| Gardening | Walking  |
| Yoga      | Running  |
| Boating   | Other    |

Signature of Practitioner

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# INFORMED CONSENT TO PROCEDURE

## Initial:

1. Are you pregnant or nursing? Yes  No
2. I absolutely understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results and the 100% success cannot be guaranteed. \_\_\_\_\_
3. I have received, reviewed and understand the pre-procedural instructions as given to me and agree to follow them. \_\_\_\_\_
4. Depending on the procedure(s), which I select, I accept responsibility for determining the shape, and position of eyebrows, eyeliners, lipliner and/or full lip color. \_\_\_\_\_
5. I understand that the color selection and color results in all procedures are not an exact science. \_\_\_\_\_
6. I understand that positioning of my procedures can be affected if I have elected or wish to elect cosmetic surgery, Botox or Restalyne and I assume this responsibility. \_\_\_\_\_
7. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. \_\_\_\_\_
8. If I am a lens wearer, I realize that I must keep my lenses out the day of an **eyeliner procedure**. \_\_\_\_\_
9. I understand that this procedure will fade and this fading can alter the original pigment color and that this determines that it is a time for a touch-up visit. \_\_\_\_\_
10. I realize this is an elective cosmetic procedure and is not medically necessary. \_\_\_\_\_
11. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness or other discoloration; swelling; fever blisters on the lip area following lip procedures and/or fading or loss of pigment. \_\_\_\_\_
12. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent make up dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent make up. \_\_\_\_\_
13. I give my consent to **Diane M Bowman** to confer with my physicians for medical information required for the safety of my procedures. \_\_\_\_\_
14. I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner. \_\_\_\_\_
15. I am aware that if an infection occurs after I have received Permanent Cosmetics to see with my primary physician or an emergency room, *immediately*. \_\_\_\_\_

## ACCEPTANCE:

I have read and understand these risks listed above and they have been explained to me. I certify that the information in the above questionnaire is accurate and my questions have been answered.

***\*\*Please read all questions thoroughly before signing!!***

Signature of Client X \_\_\_\_\_

Signature of Practitioner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





## PRE PROCEDURE CHECKLIST/CONTRAINDICATIONS

**\*72 hours prior NO OTC PAIN RELIEVERS, NO ALCOHOL, NO ALLERGY D MEDS**

**PLEASE REFRAIN FROM OMEGA FATTY ACIDS AND/OR FISH OIL SUPPLEMENTS 7 DAYS PRIOR TO YOUR APPOINTMENT**

### Contraindications for Procedure

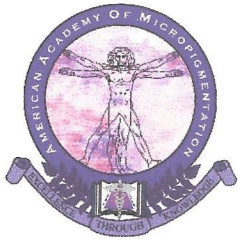
- Pregnant/Nursing
- Chemotherapy and Radiation full treatments
- Active dermatologic disorders, i.e. rosacea, eczema, psoriasis
- Eyelash extensions must be removed prior to eyeliner
- Sick with flu/fever.
- Active herpes anywhere on the face.
- Coronavirus diagnosis within the last 6 weeks

### Require Waiting Periods

- Lasik or Cataract Surgery ~ 1 month prior and wait 3 months post-op
- Latisse ~ 2 weeks off
- Botox or Disport -3-4 weeks for first treatment and between treatments
- Fillers (i.e. Juvaderm, Silk, Voluma, Sculptra, etc.) ~ 2 weeks
- Fat transfer in lips ~ wait 1 month for swelling to subside
- Accutane full dose ~ 1 year (half-dose or prophylactic dose needs medical clearance)
- Suntanned skin ~ 1 month
- Retinols, glycolic acid (A.H.A), Vitamin C peels ~ 4 weeks minimum
- Lasers ~ 8 weeks
- IPL (Intense Pulsed Light) ~ 1 week
- Shingles shot ~ 1 month
- Laser that removed old permanent makeup ~ 8 weeks

### Require Medical Clearance/Pre-Medication

- Heart valves, stents, pacemakers, rheumatic fever ~ medical clearance and pre-medication
- Organ transplants ~ medical clearance and pre-medication
- Joint replacements ~ medical clearance and pre-medication
- Diabetics Insulin dependent ~ medical clearance and pre-medication
- Fever blister history ~ medical clearance and pre-medication
- Shingles history ~ medical clearance and pre-medication, even with immunization
- Seizures ~ medical clearance
- Blood thinners, steroids ~ medical clearance
- Eye Diseases (i.e. Glaucoma or Graves' Disease) ~ medical clearance
- Lupus/ Autoimmune Disease ~ medical clearance and pre-medication
- Blepharitis ~ medical clearance
- Currently undergoing chemotherapy or other cancer treatments



# ABOUT FACE

MAKEUP & PERMANENT COSMETIC SERVICES

Permanent Cosmetic & Microblading Services by

**Diane M Bowman Mills**

## Photograph and Publicity Release Form

I, \_\_\_\_\_, give my permission to use my likeness, image, and/or appearance as such may be embodied in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of **Diane M Bowman Mills**. I agree that **Diane M Bowman Mills** has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the **Diane M Bowman Mills** mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet and social media. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release **Diane M Bowman Mills** and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to use my likeness to promote the company, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name





## **CANCELLATION/DEPOSIT POLICY**

### **WE ENFORCE A STRICT 48 HOUR CANCELLATION POLICY!**

Your appointments are very important to our staff, it is reserved especially for you.

When booking your initial procedure, you will be required to leave a credit card deposit to hold your reservation. Deposits required are as follows:

- EYEBROW PIGMENTATION (INITIAL VISIT) \$150
- EYELINER (INITIAL VISIT) \$100
- LIP BLUSH (INITIAL VISIT) \$100

Your deposit will be applied to your actual appointment at the time of service.

All procedures are booked by appointment only and we do understand that sometimes schedule adjustments are necessary; therefore, **we respectfully request at least 48 hours notice for cancellations.**

If for **any reason** you need to reschedule your appointment, you will be given the opportunity to rebook your appointment on a mutually convenient day/time with your preferred technician, as long as you contact us at least 48 hours prior to your scheduled service.

**If you cancel your appointment less than 48 hours prior to your scheduled service, your deposit is NON REFUNDABLE.**

Please understand that when you forget or cancel your appointment without giving enough notice, we miss the opportunity to fill that appointment time, and clients on our waiting list miss the opportunity to receive services. Our appointments are confirmed 48 hours in advance because we know how easy it is to forget an appointment you booked months ago. We require a deposit since the services are reserved for you personally.

Appointments made within the 24 hour period and need to cancel, the client then must cancel within 4 hours of appointment time or will result in a charge equal to the deposit required.

Any multiple services or combos must be held with a deposit equal to the amounts previously noted.

The cancellation policy allows us the time to inform our standby guests of any availability, as well as keeping our team members scheduled filled, thus better serving everyone.

About Face LLC policies are presented and provided in the best quality and tradition of excellent servicing for our established and future clientele.

Thank you for viewing and supporting our policies criteria.

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I HAVE READ AND UNDERSTAND THE CANCELLATION/DEPOSIT POLICY (Client Signature/Date above)



**AFTERCARE PROCEDURES**

By initialing, I state that I've received verbal and written post-procedure instructions from the ABOUT FACE LLC, understand them and agree to call with any questions or concerns. 732-997-8773



Client Initials \_\_\_\_\_ Date \_\_\_\_\_ Practitioner \_\_\_\_\_

	<b>Eyebrows / Camouflage</b>	<b>Lips</b>	<b>Eyeliner</b>
<b>WHAT TO EXPECT</b>	Slight swelling with varying degrees of redness. Fairer complexions will tend to be more pink or red.	<b>Day of procedure:</b> Swelling may occur. An ice bag covered with paper towel can be applied for the first day and next morning. Lips tend to be very dry.	Various degrees of swelling may occur, generally for first few mornings. Sleep propped up or on your back to reduce swelling. A sealed ice bag covered with paper towel can be <b>lightly</b> applied for the first 2 days. If eyes are weeping or tearing, pat lightly to dry with soft tissue. <b>DO NOT PRESS ICE BAG AGAINST EYES!</b>
<b>HOW TO CARE FOR YOUR PERMANENT MAKEUP</b>	<b>Day of procedure:</b> Pat <b>lightly</b> to remove any fluid with soft tissue. <b>Day 2:</b> Wash brows <b>lightly</b> with warm water & mild soap using <b>fingertips</b> . Pat dry with soft cloth. <b>Day 2 - 7:</b> Continue to wash lightly as above. Apply a <b>small amount</b> of After Inked or grape seed oil 1x daily <b>in A.M.</b> using Q-tip.	Keep moist using Q-tip with Vaseline for 14 days. Very moist lipstick/lip gloss may be worn over a coat of Vaseline. <b>Day 2:</b> Wash lips with mild soap & water using fingertips. Rinse and pat <b>lightly</b> to dry. Apply thin layer of Vaseline. <b>Day 3-6:</b> Repeat washing & reapply Vaseline. Peeling will occur. <b>DO NOT PEEL OFF!</b>	<b>Day of procedure &amp; Day 2:</b> Wash eyes with mild soap and water, using fingertips. Rinse well and lightly pat dry. Apply nothing. <b>Day 3:</b> Apply nothing. No need to wash unless lashes are stuck together. <b>Day 4 -6:</b> Apply nothing. Allow your eyeliner to dry heal. Should be no need to wash until healed. Then, resume regular routine. <b><u>Change your pillowcase, nightly.</u></b>
<b>WHAT TO AVOID</b>	<b>Avoid</b> placing your face directly into a shower & avoid: night creams, moisturizers, active skin creams, Retin-A, soaps, facial cleansers, on pigmented area. <b>Avoid</b> picking or scratching brows while healing.	<b>Avoid</b> extended wear lipsticks or plumping gloss. <b>Avoid</b> teeth bleaching for a minimum of 3 weeks. <b>Avoid</b> drinking any beverages without a straw.	<b>Avoid:</b> eye creams, Latisse & lash growth products, moisturizers, Retin-A, lash tinting, lash extensions and false lashes <b>for 2-wks</b> following procedures. <b>Avoid</b> high sodium foods (for at least the first 3 days).
<b>WHAT TO NOTICE</b>	Infections are extremely rare, however, if red ring appears around your brows, seek medical attention. Brows may weep for first few days so <b><u>change your pillowcase, nightly.</u></b>	Lips may weep first few days, <b><u>change your pillowcase, nightly.</u></b> Lips tend to fade 60% and color can hide for a 4-week period before resurfacing.	<b>YOUR EYEBALL SHOULD NOT BECOME MORE RED!</b> You must seek medical attention <b>immediately</b> if you see signs of bloodshot eyes or pus in the corners of your eye/eyes. This may be an infection, requiring a physician and prescribed medication.

\*\*\*\*\* At first sign of infection, we advise you to consult your physician. \*\*\*\*\*

**FOLLOW FOR ALL PROCEDURES: A touch-up procedure is often required.**

- Avoid makeup, Retin-A & glycolic acids on pigmented areas while healing.
- Avoid touching with fingers, sunscreens, direct sun, tanning beds & self-tanners on pigmented areas. Once healed, use a good sunscreen daily.
- Avoid swimming pools, oceans, hot tubs, saunas and hot steamy showers. Shower with back to shower head to avoid water, shampoo /conditioner getting into pigmented area.
- Avoid dirt (as in gardening), extreme perspiration (the gym) for the first week to prevent possible infection.
- Don't be alarmed if pigment comes off onto Q-tip when applying aftercare ointments.
- Don't be alarmed by fading after first application. Final color can't be judged until 2 weeks post procedure.
- Never use topical antibiotics unless given to you at time of your procedure, with specific instructions.
- If planning a chemical peel, MRI or other medical procedure, please notify technician you have iron-oxide cosmetic tattoo.



**AFTERCARE PROCEDURES**

By initialing, I state that I've received verbal and written post-procedure instructions from the ABOUT FACE LLC, understand them and agree to call with any questions or concerns. 732-997-8773



Client Initials \_\_\_\_\_ Date \_\_\_\_\_ Practitioner \_\_\_\_\_

- If planning to have laser hair removal on upper lip or a Photo Facial using IPL, notify laser specialist of cosmetic tattoo so this area may be avoided by the laser. Both ablative and non-ablative lasers may cause pigment to turn black.
- To donate blood, it's a Red Cross policy to wait one year after any tattooing procedure.