

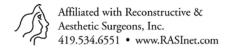
Permanent Makeup procedure.

PERMANENT MAKEUP INTAKE FORM

Name:	DOB:	Age:	Gender:
Address:	City:	State:	Zip Code:
Home Phone:	Cell:	Work:	
Email Address:(Your email address will be used for appoint	ment confirmations, quarterly newslett	Occupation:ers, and to alert you of s	specials and promotions.)
How were you <u>originally</u> referred to Dr. Colville Dr. Zavell Other:	Website	Friend:	
Procedure Desired:			
1 0	desire to receive the indicated Pe		
• Do you wear contact lenses? Yes			
•	during an eyeliner procedure and	l should not be wor	n until the following day.
• Do you have any tattoos? Yes			
Have you ever had any Permanen			
 Do you have any kinds of heart co 			
If yes, please specify			
• Are you a diabetic? Yes No			
 Are you presently taking any medi 	cations, including any immunosu	appressive, such as a	n anti-inflammatory, or
steroids? Yes No	If yes, which medications?		
Are you able to take over-the-cour	nter antihistamines? Yes N	o	
Are you allergic to topical antibior	cic preparations (i.e. Polysporin, l	Bacitracin, Neospori	n)? Yes No
• Are you allergic to any metals? (i.e	. you can only wear 14K gold ea	rrings) Yes No)
• Do you have any other allergies?			
 Have you ever had a fever blister, 			
	and strictly follow your doctor's		
,, , made comodic with	, , , ,	3222223110 001010	8

• Are you using Ketin-A, retinol, glycol	ic acids, or any extoliating produc	ts: Yes_	No	
Are you taking Vitamin E or Aspirin	regularly? Yes No			
Do you have a history of skin disease	es or skin sensitivities? Yes N	lo		
If yes, please specify				
Check any of the following pertaining	g to you:			
Contagious Diseases	Port Wine Hemangiomas		Hepatitis	
Keloids	A.I.D.S.		Scleroderma	
Respiratory Problems	Excessive Aspirin use		Glaucoma	
Menstrual	Hemophilia		Pregnant	
High Blood Pressure	Allergies		Diabetes	
Hyperpigmentation	Lupus		Heart Problems (any)	
Other				
Have you had any type of surgery with	thin the last 2 years? Yes No			
If yes, please explain				
Client Signature:		Date:		
Technician Signature:		Date:		

Thank you for visiting Bella Via!



Craig W. Colville, M.D., F.A.C.S. John F. Zavell, M.D., F.A.C.S.