



Permanent Makeup - Lips

AFTERCARE INFORMATION & ADVICE

Permanent Lips Procedure

To ensure proper healing and beautiful results for your new lips, it is important to follow these aftercare instructions:

Day 1: On the day of the procedure, gently cleanse the treated area using a mild, fragrance-free cleanser and water. Apply a thin layer of the provided aftercare ointment.

Days 2-14: Apply a small amount of aftercare ointment to the treated area twice a day, using a clean cotton swab. Avoid picking, scratching, or rubbing the area to prevent scarring or pigment loss.

Keep the treated area dry for 24 hours following the procedure and avoid activities such as swimming, saunas, and hot tubs for at least two weeks. Direct sunlight should also be avoided, as it can cause the pigment to fade.

Refrain from applying makeup or skincare products to the treated area for at least one week. When you do resume using these products, be gentle and avoid rubbing the treated area.

Hot liquids, like coffee or tea, should be avoided for the first 24 hours after the procedure. Drinking through a straw can help minimize moisture on the treated area in the first few days.

If you experience itching, redness, or swelling, you can apply a cool compress to the area. However, avoid scratching or picking at the treated area to prevent scarring or pigment loss.

During the healing process, your lips may appear dry, flaky, or scabbed. This is a normal part of the healing process, and it is important to avoid picking at any scabs or dry skin to prevent pigment loss.

If you have any questions or concerns about your aftercare, reach out to your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup.

Remember that permanent makeup is a process, and it may take several weeks for the final results to be visible. Be patient, follow the aftercare instructions diligently, and enjoy your beautiful new lips.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

Client Name (Printed)

Client Name (signature)

Date

