

PMU BROWS AFTERCARE

information & advice

Congratulations on your new brows! Following these aftercare instructions will help ensure your eyebrows heal beautifully and look stunning.

Day 1: Immediately After the Procedure

- Cleansing: Gently cleanse the treated area with a mild, fragrance-free cleanser and water. Pat dry with a clean towel.
- Aftercare Ointment: Apply a thin layer of the aftercare ointment provided by your artist to the treated area.

Days 2-14: Healing Process

- Ointment Application: Use a clean cotton swab to apply a small amount of aftercare ointment to the treated area twice a day.
- Do Not Touch: Avoid picking, scratching, or rubbing the treated area to prevent scarring or pigment loss.

Important Restrictions

- Water Exposure: Do not get the treated area wet for the first 24 hours. After that, try to keep it dry for the next two weeks. Avoid swimming, saunas, and hot tubs during this time.
- Sun Protection: Stay out of direct sunlight to prevent fading of the pigment. Consider wearing a hat or using an umbrella when outdoors.
- Makeup and Skincare: Refrain from applying any makeup or skincare products to the treated area for at least one week post-procedure. When you resume these products, be gentle to avoid irritating the area.

Managing Side Effects

- Itching or Swelling: If you experience any itching, redness, or swelling, apply a cool compress to the area. Do not scratch or pick at it, as this can lead to complications.

If you have any questions or concerns about your aftercare, please contact your artist. Follow-up appointments may be necessary to ensure that your permanent makeup heals properly.

Remember that permanent makeup is a process, and the final results may not be visible for several weeks. Be patient and follow your aftercare instructions carefully for the best results.

By following these aftercare instructions carefully, you can ensure the best possible results for your new brows.

By signing below, I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the information described above.

Client Printed Name

Clients Signature

Date

Cosmetic Professional Name

Cosmetic Professional Signature

Date

BEAUTY BUSINESS NAME

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