

A Beautiful Investment...in You!

Biography of Cindy Nickel RN
Nickel Cosmetic, Ltd.

Botox®, dermal fillers and permanent makeup have one main thing in common...no one should know you “did something.” You can’t just go anywhere and get great results. Anyone can do it, but to do it well demands artistry, training and experience. This is the only thing I do. It’s my specialty.

-Cindy Nickel RN

At a young age Cindy’s artistic ability was expressed through oil painting. As time went on, her artistic passion remained—but the canvas changed. Since graduating from the University of Central Oklahoma with a Bachelor in Science and a major in nursing, Cindy has focused her work in the realm of cosmetic enhancement. Cindy has been an integral part of the renowned Gunter Center for Aesthetics & Cosmetic Surgery team in Dallas, TX, for nine years. She provides Botox®, dermal fillers, sclerotherapy and permanent cosmetic makeup. In Oklahoma City, Cindy practices with internationally recognized Paul Silverstein MD, providing the same procedures. “Aesthetic medicine is the perfect match for my skill set,” Cindy says. “Fillers and injectables demand not only a thorough knowledge of anatomy, but a true sense of artistry. I’ve always been fascinated by both the clinical and creative aspects of facial rejuvenation.” Cindy offers patients the very latest in products and application techniques because of her commitment to ongoing education. She has completed over 40 advanced courses in injectable training since 2001. Cindy has the distinction of being a certified instructor for Allergan – the manufacturer of Botox® and Juvéderm™. She instructs plastic surgeons interested in growing their injectable practice the nuances associated with non-invasive rejuvenation.

Cindy’s other passion is the practice of permanent cosmetic makeup. Contrary to other practitioners and salons, Cindy works hard to put the two biggest patient fears to rest; pain and an unnatural result. “Almost without exception a patient’s biggest concern is pain because of stories from others. The good news is it does not have to hurt” explains Cindy. As a nurse, Cindy uses medicine to make the experience comfortable with less downtime. Cindy says, “permanent makeup should never be obvious. A great result means it’s soft, natural and pretty, not applied. My philosophy is the same regarding Botox® and dermal fillers which can be overdone. I take my time and create very subtle changes using a conservative approach. No huge lips or frozen expressions. My practice is almost exclusively referral based. I’m fortunate to have built a sense of loyalty among my patients. Nothing brings me more satisfaction than earning a high level of trust with patients.”

Medical History Form

Name _____ Date _____

Home Address _____ City: _____ State: _____ Zip: _____

Home phone _____ Cell Phone _____ Email Address _____

Occupation _____ Work phone _____ Date of Birth _____

Emergency contact & phone # _____ Pharmacy name & phone # _____

Your privacy is very important to us. Is there any method that you prefer us not to communicate with you? _____

List all Medication, Food, and Makeup ALLERGIES _____

List all medications you are taking: Prescription and Homeopathic as well as Retin A, Glycolic Acid & Acutane, Aspirin, Ibuprofen, Vitamins and all other Over the Counter Meds _____

Have you ever had any adverse reactions to Local Anesthetics? _____

Do you take prophylactic premeds before having a procedure at the dentist Yes No

What products do you use for skin care? _____

Do you have any of the following conditions? (Check Yes or No)

Yes No

Cold Sores, when? _____

Herpes Simplex

Shingles, when? _____

Dry Eye- Use Drops? _____

Corneal Abrasion, when? _____

Eye Surgery or Injury, when? _____

Cataracts

Visual Disturbances/ Glaucoma

Diagnosed with any peripheral motor neuropathic diseases; motor neuropathy or myasthenia gravis or Lambert Eaton Syndrome

Yes No

Tumors/Growths/Cysts (circle)

Abnormal Heart Condition _____

High/Low Blood Pressure (circle)

Circulatory problems

Fainting/Dizzy Spells? _____

Hemophilia

Prolonged Bleeding why? _____

Hepatitis _____

Yes No

Pregnant, or nursing?

Diabetes?

Chemo/Radiation (ever)?

Use Tobacco products?

Cosmetic Surgeries?

Facial Cosmetic Surgery?

Using any eye drops?

Wear contacts?

Previous Cosmetic Surgeries and Dates: _____

Have you had any type of Laser, Fotofacial, Botox, Restylane, Radiesse, Sculptra, Hylaform, Perlane, Collagen, Silicone, Juvederm, Artefill or any other Cosmetic Procedures performed on your face or have scheduled in the future? (Which procedure(s?) Where on your face? When performed or scheduled?) _____

Were you pleased with your result(s?) /any complications/concerns? _____

Any medical concerns about procedure(s) you are interested in today? _____

Who should we thank for sending you to us? _____

Thank you for taking time to fill this out. _____

Signature

Date

Permanent Makeup Checklist

14 Days Prior To Procedure:

- For **Lip Color/Lip Tint** procedure, discontinue use of aspirin, alka seltzer and any other products containing aspirin, unless otherwise directed by your physician.

7 Days Prior To Procedure:

- You will get a call from our office 1 week prior to your appointment letting you know that your prescriptions have been called in, unless given to you at your appointment. Be sure to pick them up.
- For **Lip Color/Lip Tint**, discontinue use of Ibuprofen, Advil, Motrin, Midol, Alleve, Niacin, most migraine medications, vitamin E, omega 3 vitamins, fish oil and alcoholic beverages.

3 Days Prior To Procedure:

- For **Lip Color/Lip Tint** start the Homeopathic medication Arnica Montana-5 pellets sublingually (under the tongue) three times daily. Continue until swelling, inflammation and/or bruising has subsided. This is available at your local health food store.
- Purchase A&D ointment

1 Day Prior To Procedure:

- For **Lip Color/Lip Tint** start Valtrex prescription to prevent cold sores/fever blisters.

The Day Of Your Procedure:

- Remove all makeup and thoroughly clean face.
- Eat some food, even if it is something small, before taking the prescriptions to prevent nausea.
- Take all prescribed medication no later than 45 minutes before your appointment time and be sure to bring additional Xanax, Lortab/Darvocet to your appointment.
- You **must** have a driver to bring you to and from procedure. **Absolutely no exceptions!**

Pre Procedure Instructions for Permanent Cosmetic Makeup

- We highly recommend you use the Homeopathic medication Arnica Montana prior to and following your **Lip color/ Lip tint procedure**. This homeopathic medication reduces swelling and bruising which more typically occurs with Lip color than eyeliner or brow color. Arnica can be utilized for all three permanent cosmetic procedures if you bruise extremely easily. Description and instructions on the use of the Arnica Montana pellets are included in your packet.

- If you are having **Lip color/Lip tint** it is recommended to stop the blood thinning agent such as aspirin, Alka Seltzer and any other medications containing aspirin 14 days prior to your procedure, unless otherwise instructed by your physician.

Ibuprofen, Advil, Motrin, Midol, Alleve, Niacin, most migraine medications, Vitamin E, Omega 3 vitamins, fish oil, and alcoholic beverages only need to be stopped 7 days prior to your procedure to help reduce swelling and bruising. *Tylenol is a pain reliever that does not thin the blood and is fine to take prior to your procedure. The above information is not an absolute, but could help reduce swelling, bruising and recovery time!

- If you are having **Lip color/Lip tint**, you will be given a prescription for an antiviral medication called Valtrex. This medication prevents the aggravation of the virus that causes cold sores. Over 80% of the populations are carriers of this virus and it is a good precaution to take this medication.

- You will also be given medications to relax you prior to your procedure(s): Xanax and Lortab/Darvocet (or generic equivalent). You are to take one of the Xanax and Lortab/Darvocet no later than 45 minutes before your appointment. Be sure to bring the remaining Xanax and Lortab/Darvocet with you on the date of your procedure(s), in case you need to take any additional medication prior to or during your procedure.

- You will need a driver to bring you to and from your procedure(s). **Absolutely no exceptions!**

- You will most likely go home and could sleep for 12 hours or more and need to make arrangements for your care accordingly.

- Please remove all makeup before coming to your procedure(s).

- Be sure to have purchased the A&D ointment to use on the area(s) treated following your procedure(s).

- If you are having **Eyeliner** and wear contacts, do not wear them the day of your procedure. You may wear them again 24 hours following your procedure.

- We highly recommend replacing your mascara with a new tube following the Eyeliner procedure. You can begin wearing eye makeup **no sooner** than 6 days following your procedure.

- You will need to follow these instructions for your touch-up procedure as well.

If you have any questions or concerns, please do not hesitate to call (214) 369-8123. Thank you! –Cindy Nickel

Post Procedure Instructions for Permanent Makeup

Following Eyeliner procedure:

- Apply cold, damp teabags that have been steeped and refrigerated. Apply teabags directly to your eyelids. This can be done for 20-30 minutes at a time and will help to reduce swelling and redness. You may continue to use these until any redness or swelling subsides.
- Apply A&D ointment **sparingly** to eyeliner in the morning and the evening. Use a Q tip to apply, **NO FINGERS!!!**

Following Lip Color/Lip Tint procedure:

- Applying ice helps to reduce swelling when used within the first 48 hours in intervals of 20 minutes on and 40 minutes off. It is important to use a barrier between your lips and the ice. A thin washcloth works best. It is helpful to put a generous amount of ointment on your lips and on the cloth to prevent the ice pack from sticking to your lips.
- Your lips will be swollen for several days. The initial bright color will usually begin to peel within 3-4 days, and may continue to peel for up to 10 days. Your lips will be tight and dry for several weeks following the procedure. **DO NOT** expose your lips to prolonged sunlight for several weeks after your procedure. You may continue to use the A&D ointment as a moisturizer after your lips heal, but it does not contain SPF, so it is a good idea to purchase lip balm containing SPF.
- Your color will continue to change a great deal after they have peeled. You will see your final color around 4-6 weeks after your procedure. Everyone heals at a slightly different rate and color retention varies for each individual based on age and health.
- If your lips have not healed within one week contact our office immediately!!!!**

Following Brow Color:

- Apply A&D ointment **sparingly** to eyebrows in the morning and the evening. Use a Q tip to apply, **NO FINGERS!!!**

Following all procedures:

- When an area starts to peel, do not pick! Let it flake or peel off on its own, otherwise you could prematurely remove color. Eyeliner usually flakes within 4-6 days. Eyebrows can take up to 10 days to flake. Lips will usually exfoliate within 5-7 days.
- Absolutely no makeup, facial cleansers, chemicals or water for one week on the treated area(s) after the procedure. When cleaning your face, clean around the areas treated.
- Keep continuous water away from the treated area(s) as much as possible. Do not scrub or clean area. Do not soak treated area(s) in bath, swimming pool or hot tub. Do not swim in lake, salt, or chlorinated pool water. This is important to retain color and prevent infection until healed.
- Failure to follow these instructions in their entirety may result in a loss of pigment, discoloration, infection or scar tissue. I would like to see you four weeks following your first treatment. You will also need to schedule a touch-up procedure no sooner than 6 weeks and but within 6 months of the initial procedure date. *There will be a \$550 dollar fee for any additional touchups or maintenance procedures in the future.
- You will need to follow these instructions for your touch up procedure(s) as well.

If you have any questions, please, do not hesitate to call The Gunter Center at (214) 369-8123. Thank you! –Cindy Nickel

DISCLOSURE AND CONSENT FOR PERMANENT MAKEUP Cindy Nickel LTD

You have the right, as a client, to be informed about procedures to be used so that you may make the decision whether or not to undergo the procedure(s).

I voluntarily request the following cosmetic tattooing procedure(s) to be performed:

Please initial:

_____ Lip Color

_____ Areola restoration

_____ Eyeliner

_____ Scar camouflage

_____ Brow Color

I understand that no representation, warranty, or guarantee has been made to me as to specific results of this procedure(s).

I understand the length of time my permanent make up color will last varies from patient to patient.

I understand the price of my procedure includes one touch-up to be made within 6 months of my initial procedure. After the 6 month period, I understand that additional procedures will cost \$550.00 a treatment.

I understand that the cosmetic tattooing procedure(s) to be performed on me is an inexact art form, and that the results of this procedure(s) cannot be warranted, guaranteed, or completely predicted.

I understand that the results of any procedure(s) to be performed on me may vary based on the fact that cosmetic tattooing is an inexact art form.

I understand any result which is unanticipated or different than what was preconceived by me prior to the procedure is not likely the result of any improper, substandard, or inappropriate conduct by Cindy Nickel, R.N. is it is simply a risk inherent in the procedure(s) to be performed and a risk I am willing to accept.

I understand that the results of this procedure are determined in part by the nature of the pathology of the skin type and, but not limited to, the following factors.

- Medications you are currently taking.
- Skin Characteristics: dryness, oiliness, thickness, sun damaged, color chemically damaged, etc.
- Natural skin undertones mixing with the pigment color
- Personal pH balance of skin
- Use of tanning booths and/or sun exposure, fruit acids, AHA's and Retin-A
- Improper skin care, alcohol intake, smoking
- Following Pre and Post Care instructions
- Age and Integrity of the skin

Patient Initial _____

I understand that the lip color procedure may irritate the virus that causes cold sores. I realize that I must take a prescription medication to prevent cold sores from developing. This medication works very well for individuals who complete the dosage prescribed. I also realize there may be individuals who continue to develop cold sores regardless, and in these extreme cases, pigmentation may not be consistent, and scarring could result.

I understand and realize that there are also risks and hazards related to the performance of the procedure(s) planned for me.

1. There is a potential for infection, although sterile supplies, needles, and clean equipment is used. This risk exists any time there is a break in the skin.
2. There is a potential for allergic reactions to the local anesthetics and pigments.

I understand and realize that should local anesthesia be necessary there any be additional risks and hazards, but I request the use of anesthetics for the relief and protection from pain during the current planned procedure, and any procedures required in the future.

I understand and realize that certain complications may result from the use of an anesthetic including:

- (1) respiratory problems
- (2) allergic reactions
- (3) blood pressure increase or decrease
- (4) drug reaction
- (5) minor discomfort or injury to eyes such as , but not limited to, corneal abrasions.
- (6) headaches
- (7) paralysis

I, _____ am over the age of 18, and am not under the influence of drugs or alcohol and desire the indicated permanent cosmetic procedure(s).

I understand that I may be given a prescription(s) to take orally prior to my procedure. This medication is used to reduce anxiety/pain and will cause drowsiness, and prevent me from operating a motor vehicle for 24 hours from the time I take them. I realize I must have someone drive me to and from the procedure. I realize that I may sleep for 12 or more hours following the procedure and must make arrangements for care accordingly.

I, by my signature, am stating that I fully understand all that had been presented to me in this consent form and desire to undergo cosmetic tattooing procedure(s). I also have read and understand the pre-and post-operative procedure instructions.

Patient Printed Name

Date

Patient Signature

Witness Signature

Patients please initial:

___ My "Before" and "After" pictures must be placed in my chart only.

___ My "Before" and "After" pictures may be used in the office as examples for other patients.

Patient Initial _____

PRE AND POST CARE FOR INJECTABLES AND PERMANENT MAKEUP

Our busy lives leave little time for “recover,” of any sort, but especially of our face! We see a tremendous difference in our patients who utilize the information included below:

- ✓ Unless prescribed by your physician, if possible, avoid blood thinning agents such as Ibuprofen, Advil, Aleve, Vitamin E, Fish Oil, as well as alcohol seven days prior to your procedure. Aspirin should be stopped **AT LEAST** two weeks prior to your procedure if possible.
- ✓ Immediately following your procedure(s), the most common side effects are redness, swelling, and possible bruising at the injection site(s). The degree to which this will occur following your procedure is dependent on your age, health, medical history, and medication(s) you are currently taking.
- ✓ Following your procedure, elevate your head and use cold compresses intermittently for the first 48 hours.
- ✓ **Arnica Montana** is a homeopathic medication in two forms, pellets and a cream that is widely used to reduce bruising, swelling, pain and shorten recovery time for cosmetic procedures including, but not limited to: Permanent Cosmetic Makeup, and dermal fillers such as Juvederm, Radiesse, Restylane, Sculptra, and Botox. Homeopathic medications are regulated by the FDA, and Arnica Montana was developed in the late 1930's with no known drug interactions. We have recommended this to our patients for years with great success.

How to use the pellets:

Arnica Montana pellets can be started up to three days prior to your procedure, and continued after your procedure as long as needed. The pellets should be handled as little as possible, but placed directly under the tongue, allowing quick diffusion of the medication into the bloodstream. Place 5 pellets under the tongue, three times a day, and allow them to dissolve. At least 15 pellets a day need to be taken prior to your appointment. Immediately following your procedure, take 5 pellets every 15 minutes for an hour, then continue with the regular dosage until all swelling and bruising has been resolved.

How to use the cream: *****Not for Permanent Makeup Procedures*****

Arnica Montana cream should be used following Juvederm, Radiesse, Restylane, Sculptra, Botox and Laser procedures. Arnica cream should be applied up to areas where bruising and swelling are present up to three times a day following your procedure as long as needed. Arnica cream contains no artificial colors or perfumes.

You can purchase Arnica Montana at most local health food stores. The recommended strength of pellets is 12C.

Sincerely,

Cindy Nickel

CINDY NICKEL, R.N.
PATIENT CONSENT AND ACKNOWLEDGEMENT OF
RECEIPT OF PRIVACY NOTICE

I understand that as a part of the provision of healthcare services, Cindy Nickel, RN creates and maintains health records and other information describing among other things, my health history, symptoms, examination and test results, diagnoses, treatment and any other plans for future care or treatment.

I have been provided with a Notice of Privacy Practices that provides a more complete description of the uses and disclosures of certain health information. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their Notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations (quality assessment and improvement activities, underwriting, premium rating, conducting or arranging for medical review, legal services, and auditing functions, etc.) and that the organization is not required to agree to the restrictions requested.

By signing this form, I consent to the use and disclosure of protected health information about me for the purpose of treatment, payment and health care operations. I have the right to revoke this consent, in writing, except where disclosures have already made in reliance on my prior consent.

This consent is given freely with the understanding that:

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed for reasons outside of treatment, payment or healthcare operations without my prior written authorization, except as otherwise provided by law.
2. A photocopy or fax of this consent is as valid as the original
3. I have the right to request that the use of my Protected Health Information, which is used or disclosed for the purposes of treatment, payment or health care operations be restricted. I also understand that the Practice and I must agree to any restriction in writing that I request on the use and disclosure of my Protected Health Information and agree to terminate any restrictions in writing on the use and disclosures of my Protected Health Information which have been previously agreed upon.

PATIENT'S NAME PRINTED

DATE

PATIENT'S SIGNATURE (OR GUARDIAN, IF A MINOR)

SOCIAL SECURITY NUMBER

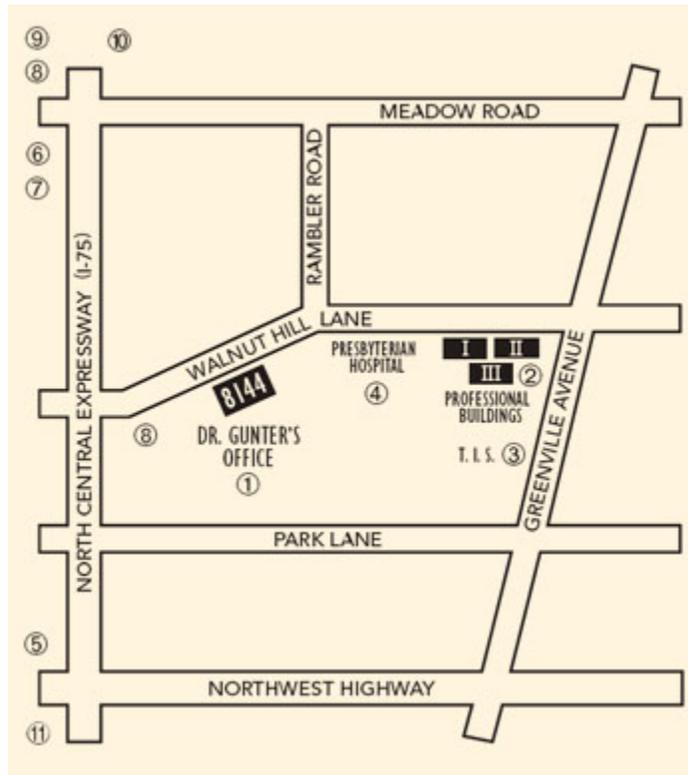
WITNESS (OPTIONAL)

DATE

JACK P. GUNTER, M.D., P.A.
C. SPENCER COCHRAN, M.D.
Michael A. Bogdan, M.D.

8144 Walnut Hill Lane, Suite 170
Dallas, TX 75231
(214) 369-8123- phone
(214) 3692984 - fax

We are conveniently located in North Dallas near North Central Expressway (I-75) and Walnut Hill Ln.



- | | |
|---|----------------------------------|
| 1. Gunter Center (17-story AIG Building) | 6. Marriott Residence Inn |
| 2. Southwest Diagnostic (Presbyterian Professional Building III, Suite 100) | 7. Marriott Courtyard |
| 3. Texas Institute for Surgery (7115 Greenville Ave., Suite 100) | 8. CVS Pharmacy |
| 4. Presbyterian Hospital | 9. Tom Thumb grocery store |
| 5. Northpark Mall | 10. La Quinta |
| | 11. The Bradford at Lincoln Park |