



Patricia, PMU Professional
Facial Art Permanent Cosmetics
Located at Images on Mack
20551 Mack Avenue
Grosse Pte. Woods, MI 48236
586.596.4159
info@facialart.net
www.facialart.net

LIP PROCEDURE MEDICATION

If you have **EVER** had a cold sore and/or fever blister in the past, you harbor the herpes simplex virus within your body. Every person is different in their activity of this virus. Some may have frequent outbreaks, and some may have only had one or two outbreaks a long time ago. **NEVERTHELESS**, the virus is still harbored within your body. The lip procedure will most likely cause an outbreak in individuals who have this virus.

In order to block the possible outbreak of a cold sore, if you have **EVER** had a cold sore and/or fever blister in the past, you are advised to take the below mentioned medication prior to your procedure to alleviate the possibility of an outbreak. This is an optional medication and Facial Art Permanent Cosmetics will not be held liable or hold any liability regarding its use or nonuse for prevention of cold sores and/or fever blisters.

Please request one of these anti-viral medications from your Physician:

**Zovirax (Acyclovir)
Famvir
Valtrex**

You will need to take the prescribed dosage of one of the above listed medications for five (5) consecutive days. Begin by taking the medication two (2) days before your lip procedure, the day of your lip procedure and two (2) days following your lip procedure.

REMEMBER: Each of these medications has a different dosage, so please check with your physician regarding adequate dosing and administration.

As you will be returning for your perfecting session in approximately 6-8 weeks, please request enough medication to cover you for two (2) lip procedures.

I, _____, have been advised to take this medication for prophylactics purposes due to my susceptibility to the herpes virus. By taking this medication for a lip procedure, I am aware that it does not guarantee that I will not have a herpes outbreak, but I do not hold Facial Art Permanent Cosmetics responsible if this should occur.

Signature of Client _____ Signature of Technician _____

Date: _____