

CONTRAINDICATION GUIDE

Are you a candidate for treatments at IVONNE®?

A **contraindication** is a specific situation in which a procedure or treatment should not be used because it may be harmful to the client.

Please consult first with the chart below, and refer to the legend on the last page to better understand the meaning of each, before scheduling an appointment or consultation†.

This chart is meant to be a guide that supports your consultation with IVONNE, Inc. (IVONNE) and should inspire questions during the decision-making process. The individual indicators set out below on their own do not qualify a client for any treatment. A client can only become qualified through a consultation, whether conducted virtually or in clinic.

	Eyebrow Tattoo (Microblading /Nano Brows)	Eyeliner Tattoo	Lip Tattoo	(Chemical) Peels	Micro- needling	Laser Skincare /Hair Removal	PicoWay® Laser Tattoo Removal
CONTRAINDICATIONS							
DISEASE STATES & CONDITIONS							
High or Low Blood Pressure or Heart Conditions	C	C	C	C	C	C	C
Cardiovascular problems	C	C	C	C	C	C	C
Hepatitis A-F	P	P	P	P	P	P	P
HIV + or Aids	P	P	P	P	P	P	P
Diabetes mellitus (diabetes)	C	C	C	C	C	C	C
Seizures (e.g. Epilepsy)	C	C	C	C	C	C	C
Disease reaction stimulated by light (e.g. Epilepsy or Lupus Porphyria)	C	C	C	C	C	C	C
Disease reaction stimulated by heat (e.g. Herpes Simplex)	R _x	R _x	R _x ²	R _x	R _x	R _x	R _x
Cancer ³	C	C	C	C	C	C	C
Has a history of squamous cell carcinoma or melanoma ³	C	C	C	C	C	C	C

Legend:

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History of skin disease, autoimmune disease, or remarkable skin sensitivities	C	C	C	C	C	C	C
Hemophilia or blood clotting disorders	P	P	P	P	P	P	P
Tuberculosis	P	P	P	P	P	P	P
Trichotillomania	C	C	C	C	C	C	C
Thyroid Issues	C	C	C	C	C	C	C
Kidney Disease	C	C	C	C	C	C	C
Blood Disorder - General	C	C	C	C	C	C	C
Has a poorly controlled medical conditions including significant systemic illness	P	P	P	P	P	P	P
HEALTH ISSUES/ CONCERNS							
Dry Eyes	C	C	C	C	C	C	C
Stroke or Paralysis	C	C	C	C	C	C	C
Chest Pains	C	C	C	C	C	C	C
Shortness of Breath	C	C	C	C	C	C	C
Alopecia	C	C	C	C	C	C	C
MRSA/Staph infection	P	P	P	P	P	P	P
Cold Sores	C	C	R _x	C	C	C	C
Glaucoma	C	P	C	C	C	C	C
Body feels hot	C	C	C	C	C	C	C
Head injury or trauma	P	P	P	P	P	P	P
Impaired immune system	P	P	P	P	P	P	P
INFECTIOUS DISEASE OR ACUTE ILLNESS							
Symptoms of high fever, or gastrointestinal illness)	D	D	D	D	D	D	D
COVID-19 Symptoms	C	C	C	C	C	C	C

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PREGNANCY							
Currently pregnant	D	D	D	D	D	D	D
Trying to get pregnant	D	D	D	D	D	D	D
Nursing (breastfeeding or pumping)	P	P	P	P	P	P	P
ALLERGIES/REACTIONS							
Allergies to Makeup (e.g. talc)	C	C	C	C	C	C	C
Allergies to lidocaine or rectal creams, desensitizers, numbing creams, or topical anaesthetics.	C	C	C	C	C	C	C
Previous problems with tattoos	C	C	C	C	C	C	C
Allergic or reactive to pigments, or dyes	C	C	C	C	C	C	C
Physician has advised against treatment	D	D	D	D	D	D	D
Allergies to metal (e.g. can only wear 14k gold)	C	C	C	C	C	C	C
Susceptibility to post-inflammatory hyperpigmentation	C	C	C	C	C	C	C
Birthmark in the treatment area	P	P	P	P	P	P	P
Blood disorder (e.g. Sickle cell anemia, haemophilia, or a platelet disorder)	P	P	P	P	P	P	P
Required To Take Antibiotics Before Seeing A Dentist	R _x	R _x	R _x	C	C	C	C
Allergic, sensitive or reactive to Latex or Nitrile	C	C	C	C	C	C	C
Other allergies not listed here	C	C	C	C	C	C	C
Hypersensitive to light in the infrared wavelength region	C	C	C	C	C	P	P
Allergic to aspirin (acetylsalicylic acid)			D ⁴				

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TREATMENTS							
Undergoing Radiation or Chemotherapy	D	D	D	D	D	D	D
Undergone surgery or medical intervention within the last 14 days.	D	D	D	D	D	D	D
Received/ing Botox within 14 days before or after your appointment.	D	D	D	D	D	D	D
Received/ing (lip) fillers within 14 days before or after your appointment.	C	C	D	C	C	C	C
Facial plastic surgery within 6 months of your appointment.	C	C	C	C	C	C	C
Applied tinting to eyebrows within the last 6 months before your appointment.	C	C	C	C	C	C	C
Received/ing Chemical Peel or Laser Skincare Treatments within 7 days of your appointment.	D	D	D	D	D	D	D
Facial laser resurfacing / deep chemical peeling last 3 months	C	C	C	C	C	C	C
Previous, similar cosmetic tattoo treatments	C	C	C	-	-	-	< 12 mo D
Pacemaker	P	P	P	P	P	P	P
Cataract surgery	C	D	C	C	C	C	C
Tear duct plugs	C	D	C	C	C	C	C
Organ transplant	P	P	P	P	P	P	P
Eyelid surgery	C	P	C	C	C	C	-
Forehead or brow lift	C	C	C	C	C	C	-
Metal pins or plates anywhere in body							
Surgical procedures within the last 3 months	C	C	C	C	C	C	C

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TREATMENTS CONT.							
Chemical Peel or enzyme peel within the last 14 days (in treatment area)	30 Days	30 Days	30 Days	D	D	D	D
Photofacial treatment within the last 14 day (in treatment area)	30 Days	30 Days	30 Days	D	D	D	D
Radio frequency skin tightening within 14 days (in treatment area)	30 Days	30 Days	30 Days	D	D	D	D
Microdermabrasion treatment within 14 days (in treatment area)	30 Days	30 Days	30 Days	D	D	D	D
Waxing, threading or any hair removal within 7 days of treatment	D	D	D	D	D	D	D
Laser Hair Removal within 30 day (in treatment area)	D	D	D	D	D	D	D
LIFESTYLE							
Tanned Skin	D	C	C	D	D	D	D
Have unprotected sun exposure, including the use of tanning beds or tanning products, such as creams, lotions, and sprays.	D	D	D	D	D	D	D
Working out (exercise)	C	C	C	C	C	C	C
Smoking (Nicotine) within 48 hours of your appointment	C	C	C	C	C	C	C
Alcohol Consumption within 48 hours of your appointment	C	C	C	C	C	C	C
Caffeine Consumption within 48 hours of your appointment	C	C	C	C	C	C	C
Wears Contacts	C	C	C	C	C	C	C
Under 18 years of age	D	D	D	D	D	D	D
OVERALL HEALTH							
Problems with healing	P	P	P	P	P	P	P

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SKIN CONDITION							
Large Pores	C	C	C	C	C	C	C
Oily Skin	C	C	C	C	C	C	C
Dry Skin	C	C	C	C	C	C	C
Acute acne in the treatment area	D	D	D	D	D	D	D
Rashes, Blisters, Psoriasis, or Eczema	D	D	D	D	D	D	D
Hypertrophic scarring or keloids	D	D	D	D	D	D	D
Keloids	D	D	D	D	D	D	D
Vitiligo	C	C	C	C	C	C	C
Rosacea	-	-	-	C	C	C	-
Skin infection/open wound in the treatment area	D	D	D	D	D	D	D
PSYCHOLOGICAL AND COGNITIVE STATES							
Anxiety or mood disorders	C	C	C	C	C	C	C
Autistic	C	C	C	C	C	C	C
Claustrophobic	C	C	C	C	C	C	C
Practicing cutting, or self harm.	C	C	C	C	C	C	C
MEDICATIONS/ SUPPLEMENTS							
Taking Blood-Thinners or Anticoagulants (e.g. Aspirin, herbal supplements)	D	D	D	D	D	D	D
Immunosuppressive (e.g. anti-inflammatory or steroids)	D	D	D	D	D	D	D
Chemotherapy Medications	D	D	D	D	D	D	D
Photosensitizing Medications (See List)	C	C	C	C	C	D	D

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Taking Steroids (e.g. Cortisone, Accutane, Retin-A, or Renova)	D	D	D	D	D	D	D
Taking Accutane within 12 months of your appointment	D	C	C	D	D	D	D
Mood-altering drugs within 8 hours of your appointment. (e.g. Xanax)	D	D	D	D	D	D	D
Advil within 48 hours of your appointment	C	C	C	C	C	C	C
Use of oral contraceptives	C	C	C	C	C	C	C
Tetracycline	D	C	C	D	D	D	D
Vitamin A	D	C	C	D	D	D	D
Taking iron supplements or herbal supplements such as ginkgo, ginseng or garlic and fish oil supplements	C	C	C	C	C	C	C
SKINCARE							
Used any products not approved for use or sale in Canada within 12 months of your appointment.	C	C	C	C	C	C	C
Applied Retin-A, AHA ("alpha-hydroxy acids") within 1 week of your appointment.	D	D	D	D	D	D	D
Exfoliated the area to be treated within 72 hours of your appointment.	C	C	C	C	C	C	C
Applied products containing Retinol (0.25 to 1% concentration) within 1 week of your appointment.	C	C	C	C	C	C	C
Applied products containing Hydroquinone (up to 2% concentration) within 1 week of your appointment.	D	D	D	D	D	D	D

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Applied products containing Salicylic Acid within 1 week of your appointment.	C	C	C	C	C	C	C
Applied products containing Glycolic Acid within 1 week of your appointment.	C	C	C	C	C	C	C
Used any skincare treatment that causes intentional skincare damage within 1 month of your appointment. ¹	D	D	D	D	D	D	D
Using Lash or Brow growth serum within 6 months	C	D	C	C	C	C	-
ADMINISTRATIVE							
Failure to read and understand Service Agreement and Appointment Emails	D	D	D	D	D	D	D

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† Disclaimer:

The information provided in this contraindication guide is for prospective clients of IVONNE only. This guide is not for use in connection with treatments offered through any other clinic. The information provided is not intended to replace medical advice. Please first consult with your physician before subscribing to any cosmetic treatments or products. There are risks with any cosmetic treatments or products. Speak with your provider to understand your specific risks and alternatives. Results are never guaranteed.

The contraindications identified in this document are to be used as a guideline only and is not a comprehensive list. Science, cosmetics, and aesthetic medicine is constantly evolving, and new contraindications could be found at any time, and without notice.

By scheduling an appointment, consultation, or by purchasing any product through IVONNE, its partners, or affiliate, you agree to our Terms and Conditions and Policies found on ivonne.ca.

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¹ If you are using skincare products with ingredients that are outside of the permitted concentration level by Health Canada you are at risk for blisters, scarring, skin weakening or deterioration, bone loss, decreased ability to fight infection, and, in the case of hydroquinone at concentrations greater than 2%, possibly cancer. Using these skincare products or related ingredients in concentrations that are too high, or in too close proximity to your treatment at IVONNE could impact the outcome of your treatment, resulting in longer healing times, poor retention, infection, and other complications. Source: Health Canada.

² For lip procedures, if you are prone to cold sores make sure that you are taking medication to prevent an outbreak. The stimulation from the needle can bring out cold sores and this can ruin the procedure and make the healing process more difficult. Please ask your doctor for a prescription for either Valtrex (1000-1500mg per day for 7 days) or Val Acyclovir (1200mg per day for 7 days). Please start the prescription two days prior to your lip procedure. Continue taking the prescription until finished or until healed (whichever occurs first).

³ IVONNE may provide cosmetic treatments to clients with cancer diagnosis subject to the following:

- You are not currently undergoing treatment for chemotherapy or radiation or on any medication for cancer.
- You are NOT in any cancer therapies for a minimum of one month after the service at IVONNE has been performed.
- You are not immunocompromised and are able to continue with your treatment plans at IVONNE.
- You have not been diagnosed with any type of blood cancers. For your own safety blood cancers make you ineligible for treatments at IVONNE.
- You are not receiving treatment in the same area as the cancer diagnosis.

⁴ Applies to AlumierMD BHA treatments only.

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Contact

For information about the contraindications listed in this guide, or to find out if you are a candidate for treatments at IVONNE please contact us:

0116-320 Queen Street (Place de Ville Tower B | Retail Concourse)

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Ottawa, ON K1R 5A3

By telephone:
(613) 695-1570

By email:
reception@ivonne.ca

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Update Log:

October 13, 2023 - Added Skin infection/open wound in the treatment area to Skin Conditions.

- Revised headings to combine and include laser hair removal and laser rejuvenation.
- Added contraindications in treatments section.

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