**Tangled Art**

**4510 Peralta Blvd., Suite 23 ~ Fremont, CA 94536 ~ (510) 329-0000**

Pre-Treatment Advice and Procedures

**Your appointment may be scheduled:**

1. After **complete** healing from any surgery.

2. After 1 year of ceasing treatment on any medication with Isotretinoin (Claravis, Sotret, Myorisan, Amnesteem, Absorica, Accutane, Zenatane)

3. 4 weeks after Botox, fillers, facial peels, tanning or sunburns

4. 4 weeks after ceasing chemotherapy or the use of cytotoxic antineoplastic agents

6. If you are Diabetic, after getting your HBA1C in a good range

7. Skin is completely free of tinted or fake tan lotions

5. You do not have to stop using immunosuppressive medication however keep in mind that while on it, it can prolong healing which means you need to be even more diligent in accurately taking care of your

procedure/s as there is an increased risk of pigment loss and infection

**1 Week Prior to your appointment:**

1. Scheduling should be at least 48 hours after end of menstrual cycle or 7 days prior to reduce bleeding and sensitivity.

2. No Electrolysis or laser treatments on area to be tattooed.

3. To reduce swelling and possible bruising: No Aspirin, Ibuprofen, NSAIDs,  Blood Thinners/ anticoagulants, Vitamin E, Fish Oil, Omega, Acne medication or medication with Tretinoin, Medication that makes you sensitive to the sun, Antibiotics,  Hormone supplementation, corticosteroids or anabolic steroids. (Tylenol is

okay to take prior and after procedure.)

**48 Hours Prior**

1. Absolutely No recreational drug use or alcohol 48 hours prior to procedure

2.  No waxing or dye 48 hours prior. Do not remove all eyebrow hair, however tweezing/threading is fine.

**Day Before and the Day Of**

1. No diet pills 24 hours prior.No caffeine or smoking 6 hours prior. These can dehydrate, increase blood pressure, increase sensitivity and negatively affect the condition of the skin which all leads to poor healing and color loss.

4. Please wear your makeup to the procedure and bring your typical brow, liner, lip color for color matching.

**Lip Procedures**

1. If you get cold sores, prescription medication should be taken 3 days prior to procedure and 7 days during healing. (Non-prescription 1000 mg L-lysine can be taken daily 10 days prior and during healing (make sure no interference with other medications.) This is very important to prevent the spread of cold sores to the entire lip area.

2. If you get canker sores, you should be totally healed and free of any for at least 7 days prior.

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Signature Date

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**Post Procedure Instructions**

**FOR ALL PROCEDURES (eyebrows and lips):**

**Day-of to 3 days after**

1. Use ice in a clean plastic bag on/off for 10 minutes to help reduce swelling.
2. Thoroughly clean tattooed area 3 times daily with wet lathered soap (sensitive skin or antimicrobial), cool water, and clean hands or quality paper towel. It will still feel tender but it needs to be cleaned thoroughly.  Use gentle circular massaging movements with hands or paper towel- no loofas, scrubbing or scratching.  During showers, water can get on tattooed area if cleaning, otherwise keep it away.
3. **Throughout the day, do not let plasma or wound exudate dry on surface of tattooed area as this will lead to scabbing and patchy healing.  Lightly clean area with a moistened quality paper towel every hour if needed.  If the area is shiny or wet, it needs to be dabbed clean.  Area should always look satin/mat.**
4. After there is no longer any plasma or exudate secretion for 6 hours (anytime from day 1-3), you can begin applying a small amount of A&D ointment 2-3 times daily.  Allow area to completely dry for 5-10 mins after properly cleaning, prior to ointment application.
5. Thoroughly and gently massage ointment into the area and dab area dry.  Your body will absorb all it needs with each application. If you still see a shiny surface after dabbing, you risk moisture clogging the area which can result in unnecessary scabbing, delayed healing and pigment loss.

**NO:**

* **Makeup**
* **Glycolic acids**
* **Retin-A**
* **Sunblock**
* **Fake tanning/ spray tanning**
* Topical antibiotics
* Direct sunlight
* **Smoking, alcohol, recreational drug use**
* **Exercise that causes sweating**
* S**ubmersion/soaking in water**
* **No touching the area with dirty fingers or anything else that isn’t clean (Lips: drink through straws and small bites only with fork/spoon, no kissing).**
* **Do not sleep on tattooed area to prevent sticking to bed sheets (sheets should be freshly cleaned.)  No pets allowed in bed while healing.**

**3 days to 7 days**

1. Continue all No’s from Immediately After, though alcohol may be consumed in low/responsible amounts.

2. Continue cleaning and applying ointment 2-3 times daily depending on dryness.

3. Do not pick or pull at any flaking skin during this phase as this will lead to pigment loss and possible infection.

**After 1 Week**

1. Can resume use of Aspirin, Ibuprofen, NSAIDs, Vitamin E, Omegas, supplements, hormones, steroids, and blood thinners.

2. Continue cleaning and applying ointment, once in the morning and once before bed until fully healed when there is no longer any flaking skin and the tissue elasticity of the area has returned to normal (about 2-6 weeks depending on area).

3. Reduce ointment use to once daily if any pimples appear in or next to the tattooed area.  Do not apply ointment to 1 inch area surrounding any pimple/s.

**After Completely Healed/Long-term**

1. Area is completely healed only when there is absolutely no more flaking skin and collagen elasticity has completely returned to the area.  Don’t rush your healing.

2. Use of other medications, supplements, lotions & cleansers, waxing, electrolysis, lash & brow dyes, makeup, etc.  can be resumed.

3. Tanning, chemical peels and IPL can be resumed to areas that are **NOT** tattooed.  Tell technician/dermatologist that you have permanent makeup, etc. when receiving treatments and to avoid those areas by a finger width space.

4. Laser hair removal can **NEVER** be resumed over any tattooed area as it can remove color or possibly turn it black.

5. To keep your permanent makeup looking its best for the longest time, take care of it!  Wear good sunblock and apply it every couple of hours when in the sun.  Take care of your skin.  The healthier your skin, the better your tattoo will look.  Stay hydrated, use daily moisturizer.

**I understand that at first sign of infection, adverse reaction, or allergic reaction to the procedure area, I must notify Tangled Art and/or a healthcare practitioner. Failure to follow post-treatment instructions may cause loss of pigment, discoloration, or infection. Remember, color appears brighter and more sharply defined immediately following the procedure. As the healing progresses, colors soften. A touch-up procedure may or may not be necessary. Final results cannot be determined until healing is complete. Touch-up procedures must be done between 30-45 days following the procedure, which is done at no additional cost. An additional fee of $\_\_\_\_\_ will apply for touch-ups after 45 days following the procedure, and after 90 days the fee is subject to current full rates.**

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Tangled Art**

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Disclosure and Consent for Tattoo and Dermal Procedures

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a client have requested that you describe the procedure to be utilized so that I may make an informed decision whether to undergo the procedure. The recommended procedure to be used as Micro Pigment Implantation, the process of implanting micro insertions of pigment into the dermal layer of skin has been described to me. Micro pigment Implantation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request as my intradermal cosmetic technician, Megan at Tangled Art, to perform on my body the following procedure(s): *please circle*

**EYEBROW FULL LIP COLOR LIPLINER AREOLAS**

Please Initial:

\_\_\_\_\_\_\_I hereby authorize Tangled Art to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for advertising and record keeping.

\_\_\_\_\_\_\_I have informed Tangled Art that I am in good health and not under the care of any physician.

OR

\_\_\_\_\_\_\_I am currently under the care of a physician and I am being treated for the following condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Please Initial:

\_\_\_\_\_\_\_I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

\_\_\_\_\_\_\_I have been told that there may be known and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

\_\_\_\_\_\_\_I acknowledge the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment. However, spot testing does not identify individuals who may have a delayed allergic reaction to pigment.

*Continued…*

I agree to (*circle one*): **RECEIVE WAIVE** a spot test prior to application and I agree to release Tangled Art and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments.

\_\_\_\_\_\_\_I have been told that allergic reactions to pigment are very rare, however, they can and do occur and when they occur they can be serious and especially difficult and very troublesome to treat.

\_\_\_\_\_\_\_I have been told that this procedure will involve pain and discomfort

\_\_\_\_\_\_\_I understand the markings are permanent and that there is a possibility of hyper pigmentation resulting from a procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

\_\_\_\_\_\_\_I have been told that a follow up procedure may be required.

\_\_\_\_\_\_\_Other risks involved with the procedure may include, but are not limited to infections, allergic and other reaction(s) to applied pigments, allergic and other reaction(s) to products applied during and after the procedure, fanning or spreading of pigment (pigment migration), fading of color and other unknown risks.

\_\_\_\_\_\_\_I accept full responsibility for any and all, present and future, medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me.

\_\_\_\_\_\_\_I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

\_\_\_\_\_\_\_I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify Tangled Art and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and Tangled Art or the breach thereof, shall be settled by arbitration in the state of California in accordance with the Rules of the American Arbitration Association and judgment of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

\_\_\_\_\_\_\_I understand that if I have an infection, adverse reaction or allergic reaction to the procedure, I must notify Tangled Art, and/or a health care practitioner.

\_\_\_\_\_\_\_I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

\_\_\_\_\_\_\_I have received a copy of the Post Procedure Instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.

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Signature Date

**Tangled Art**

**4510 Peralta Blvd., Suite 23 ~ Fremont, CA 94536 ~ (510) 329-0000**

Medical History Form

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now or have you been under the care of a physician within the last two years? YES NO

*If yes, please provide Physician’s name, address and phone number:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Person to contact in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medications you are currently taking, including Retin A, Glycolic Acid and Accutane:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any drug, makeup, skin or food allergies (i.e. soaps or cleansing creams): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you recently undergone a skin peel? YES NO

What products do you use for skin care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have or have you had any of the following conditions**? *Please write YES or NO.* (Note: answering yes does not automatically disqualify you from a permanent makeup procedure.)

\_\_\_\_\_\_\_Abnormal Heart Condition

\_\_\_\_\_\_\_Cold Sores

\_\_\_\_\_\_\_Herpes Simplex

\_\_\_\_\_\_\_Keloid Condition

\_\_\_\_\_\_\_Hemophilia

\_\_\_\_\_\_\_High or Low Blood Pressure

\_\_\_\_\_\_\_Prolonged Bleeding

\_\_\_\_\_\_\_Circulatory Problems

\_\_\_\_\_\_\_Epilepsy

\_\_\_\_\_\_\_Fainting Spells/ Dizziness

\_\_\_\_\_\_\_Diabetes- if yes what is your heal time?

\_\_\_\_\_\_\_ days

\_\_\_\_\_\_\_Cataracts

\_\_\_\_\_\_\_Glaucoma

\_\_\_\_\_\_\_Dry Eyes

\_\_\_\_\_\_\_Corneal Abrasions

\_\_\_\_\_\_\_Eye Surgery or Injury

\_\_\_\_\_\_\_Blepharoplasty (eyelid surgery)

\_\_\_\_\_\_\_Cancer

\_\_\_\_\_\_\_Tumors/ Growths/ Cysts

\_\_\_\_\_\_\_Chemotherapy/ Radiation

\_\_\_\_\_\_\_Hepatitis

\_\_\_\_\_\_\_HIV/ AIDS

Do you wear contact lenses? \_\_\_\_\_\_\_

Do you use tobacco products? \_\_\_\_\_\_\_

Are you pregnant? \_\_\_\_\_\_\_

Have you had Botox within the last 4 weeks? \_\_\_\_\_

Have you experienced hyper-pigmentation from an injury? ­\_\_\_\_\_\_\_

Are you currently taking aspirin/ibuprofen? \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Procedure Log

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees Discussed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Technician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pigments Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Batch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Needles Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthetic Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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