

Microblading Consent Agreement

This form is designed to give information needed to make an informed choice of whether to undergo a 3D Eyebrow, Microblading, semi-permanent makeup application. If you have any questions, please do not hesitate to ask.

Although 3D Eyebrow Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

This is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though only semi-permanent.

All instruments that enter the skin or meet body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to. Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed.

Initially the color will appear more vibrant or darker compared to the result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch-Ups are likely needed within 6 months to 2 years.

Photography Release Consent

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please indicate with your signature if you would like your photos used or not used in advertising.

- Yes, feel free to use them
- No, please do not use them

Signed: _____ Date: _____
Email: _____ Phone: _____

Special requests, concerns or remarks for the Artist:

Medical History

Name: _____ Date: _____
Birthdate: _____ Address: _____
Email: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Check the box next to any of the conditions that currently or previously apply to you:

- History of MRSA
- Diabetes
- Hepatitis
- Easy Bleeding
- Abnormal Heart Condition
- Cancer
- Chemotherapy/Radiation Treatment
- Tumors/Growth/Cysts
- Botox
- Chemical Peel
- Forehead/Brow/Face Lift
- Brow Lash Tinting
- Tan by booth or salon
- Accutane or acne treatment
- Use of skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl
- Pregnant/Breastfeeding currently
- Any diseases or disorders not listed (Type: _____)
- Allergies to metals, food, etc. (Type: _____)
- Taking blood thinners (Type: _____)
- Use of any major medication (Type: _____)

I agree that all the above information is accurate to the best of my knowledge:

Signed: _____ Date: _____

Risk Acknowledgement

The alternative to this procedure is to use traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow treatment which can cause:

- Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.
- Infection: Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See “After Care” sheet for instruction on care.
- Uneven Pigmentation: This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.
- Asymmetry: Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.
- Excessive Swelling or Bruising: Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people do not bruise or swell at all.
- Anesthetics: Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me now.
- MRI: Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low-level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI Technician of any tattoos or permanent cosmetics.

I acknowledge the risks involved with this procedure and consent to undergoing it:

Signed: _____ Date: _____

Microblading Aftercare Instructions

It is essential that you follow these instructions after your microblading session:

Keep the medical silicon band-aid on for 24 hours. After 24 hours, gently wash off the medical silicone with lukewarm water. Be extra careful not to tug or scrub the brows. After gently washing off the silicone, you can choose to apply post-care cream on your eyebrows several times a day. Apply the post-care cream with a cotton swab, and use no aggressive movement and/or manipulation of the skin. Make sure your hands are completely clean before caring for your eyebrows.

The following must be avoided for nine days after the microblading procedure:

- Spicy foods
- Smoking
- Drinking alcohol in excess
- Increased activities inducive to sweating or high moisture such as but not limited to: swimming, sports, intense exercise, sauna, hot bath, tanning; during the shower keep your face away from the shower-head
- Any laser, chemical treatments, or peelings
- Any creams containing Retin-A, Glycolic Acid, or Alpha Hydroxyl
- Picking, peeling, or scratching or excessive touching of the micro pigmented area
- Performing tasks in areas of high airborne debris such as but not limited to: cleaning of dusty/packed garages, basements, or attics as well as driving in open air vehicles such as convertibles, boats, bicycles, or motorcycles

Recital of Consents, Risks, and Protocols

_____ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability.

_____ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

_____ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

_____ I understand that tanning beds, pools, some skin care products, and medications can affect my semi-permanent makeup.

_____ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

_____ I will tell all skin care professionals or medical personnel about my semi-permanent makeup procedures, especially if I am scheduled for an MRI.

_____ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond the technician's control, and I am responsible for maintaining the color with future applications.

_____ I acknowledge that the procedures involve risks and possible complications such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

_____ I have been advised that a touch-up session within 60 days of the procedure is highly recommended to make any adjustments to color, shape, and position, and to fill any pigment that may have had poor retention.

_____ I have been quoted the cost of the procedure and touch-up appointments.
Touchups must be completed within 60 days of initial procedure to be considered a touch-up price. Appointment prices are subject to change over time.

I have read the contents of this form thoroughly and understand the risks involved.

I have reviewed and approved the material given to me.

I consent to have the 3D Eyebrow Micro stroking procedure.

I authorize Sadia Naebkhel, as my Eyebrow Micro stroking technician.

Name: _____ Birthdate: _____

Signed: _____ Date: _____