

Informed Consent and Release Agreement

I, _____, acknowledge that I have been given all the necessary information about the Microblading procedure including expected results, inherent risk and after care to make an informed decision on whether or not to undergo an Eyebrow Microblading procedure.

_____ I understand there may be a certain amount of discomfort of pain associated with the procedure.

_____ I understand that possible side effects include temporary bleeding, bruising, swelling, redness or discoloration. Fading or loss of pigment may occur.

_____ Although 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 dermis. It is a form of tattooing, though only lasts 1-3 years depending on skin type.

_____ All instruments that enter the skin or come in contact with body fluids are single use, individually packaged, sterile, disposable, and are properly disposed of after use. Cross contamination guidelines are strictly adhered to. I certify that my technician used sterile, single use, individually wrapped blades that were opened in front of me.

_____ 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.

_____ I fully understand that this is a tattoo process and fully accept the permanence (1-3 years) of the procedure as well as the possible outcomes and complications.

_____ I have received pre and post procedure instructions and I will follow those directions. I understand that failure to follow these instructions could jeopardize my results.

_____ I understand that face altering cosmetic surgery procedures such as laser hair removal, Botox, fillers, implants, collagen and other face procedures may alter the appearance of my Microblading/permanent Makeup.

_____ 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 permanent makeup.

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_____ 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 permanent makeup procedures, especially if I am scheduled for an MRI.

_____ I understand that the process of Microblading is not a single step process and does require subsequent visits to achieve and maintain the desired results.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control (metabolism, skin type, medicine, age, smoking, alcohol, sun exposure, Glycolic acids or Retin-A), and I will need to maintain the color with future applications and a touch-up session within 60 days.

_____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper---pigmentation.

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

_____ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-ups must be completed within 60 days of initial procedure to be considered a touch-up price.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize _____, as my Eyebrow Microblading technician to perform on my body the Eyebrow Microblading procedure desired today.

Printed Name: _____ Date _____

Signed: _____