

Consent to Application of Semi-Permanent Makeup Procedure

NAME: _____ DATE: _____ DOB: _____ HOME/CELL PHONE: _____

I, _____ am over the age of 18, I am not under the influence of drugs or alcohol. I am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. **PROCEDURE: MICROBLADING NO. OF VISITS REQUIRED: 2 COST OF PROCEDURE: \$650.00**

I have been informed of the nature, risks, and possible complications or consequences of semi-permanent pigmentation. I understand the semi-permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of procedure, including but not limited to the following: infections, scarring, inconsistent color, and spreading, fanning or fading of pigments.

I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this a form of tattooing and therefore not an exact science, but an art. I accept the permanence of the procedure as well as the possible complications and consequences of Microblading. _____(initial)

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. _____(initial)

I have received both pre and post care procedural instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly adhere to my doctor's instructions before contemplating any semi-permanent cosmetic procedure around the lips. _____ (initial)

I understand that taking before and after photographs of the said procedure are a condition of the procedure. I certify that I have read and initialed the above paragraphs and have had explained to me this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

CLIENT SIGNATURE

DATE

NAME: _____ DATE: _____ DOB: _____ HOME/CELL PHONE: _____

To avoid unforeseen complications, please answer Y (yes) or N (no) to the following questions: Do you have previous **Permanent Make Up**? If yes when? _____ Are you over the age of 18? Legal guardian's initials _____

_____ Have you had **Botox** or injectables? If yes when? _____ Have you had Aspirin or any blood thinning medications/supplements within the last 7 days? _____ Do you take Antidepressants or mood altering medication? _____ Have you had chemical or laser peel? If so when? _____ Do you have any problems with healing? _____ Do you get fever blisters or cold sores? _____ Are you currently undergoing radiation or chemotherapy? _____ Are you currently using Retin-A or Alpha Hydroxyl skin care products? _____ Have you had caffeine products in the last 24 hours? _____ Are you taking any medication, including immunosuppressive, such as anti-inflammatory or steroids? _____ Are you allergic to topical antibiotic preparation? _____ Is there any history of skin diseases or remarkable skin sensitivities? _____ Are you pregnant or nursing? _____ Are you presently taking Vitamins A, E or fish oil in any form? _____ Are you required to take antibiotics during dental or invasive medical procedures? _____ Do you have any heart conditions? _____ Are you currently on Accutane Treatment? _____ Do you have Keloid or Hypertrophy Scars? _____ Do you have Hepatitis? _____ Do you have Diabetes? _____ Any tendency to bleed excessively from minor cuts? _____ Do you have Epilepsy/ Seizures of any kind? _____ Do you have any Autoimmune Disorders? _____ Do you currently or have you had Cancer? If yes please explain _____ Do you have HIV?

Please list any other medical conditions, and list all _____ Doctor's Name and Number _____

Client Signature _____ Date _____

Post Procedural Care for Eyebrows

DAY 1: Please wash hands with antibacterial soap before you wash your eyebrows. Then wash your eyebrows **EVERY HOUR** very well with a gentle cleanser and lukewarm water! Pat dry with a tissue than apply a very thin layer of the Skin Candy.

DAY 2-7: Keep eyebrows lightly glossed with the Skin Candy for three to four times a day for the next **7 days**. Do not over use ointment. It should last you for 7 days, only apply

very thin layer. Do not suffocate your eyebrows.

1. Do not use any Retin-A, Glycolic Acids, Peroxide, Neosporin while healing

2. Do not scrub or pick your eyebrows.
3. Do not expose area to sun or tanning beds! Must use hat if in the sun.
4. Avoid any facials ,swimming, whirlpools or sauna for 7 days.
5. Do not exercise the first 3-5 days. No heavy sweating !
6. No make-up on the eyebrows!
7. Do not tint eyebrows for the next 10 days. [SEP]**FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN**

LOSS OF PIGMENTS. WHAT TO EXPECT AFTER MICROBLADING OR EYEBROW SHADING PROCEDURES:

1. Slight swelling, thickness, and/or redness for one or two days following the procedure.
2. It is normal to lose approximately 1/3 of the color during the healing process.
3. After the initial procedure, the color may be a shade too dark; in six days it will appear to light after 10 days the color will show more. [SEP]
4. It will appear softer when completely healed because the color will come from dermal layer of the skin to the epidermal layer of the skin. [SEP]
5. Please be patient. Healing takes up to 30 days. In your next appointment more hairs can be added and make them perfect. [SEP]

The brows are approximately 20 to 25% darker and bolder in the width than they will be when healed. Your skin is red under the pigment which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the eyebrow procedure to flake away and a narrower appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size then you desire. This is all part of the process.

By signing this agreement, you comply with these terms.[SEP]Please do not hesitate to contact us if you have any questions about the post procedural care.

Client Name _____ [SEP]Client Signature _____ Date _____
