

**MICROBLADING (SEMIPERMANENT MAKE-UP) INFORMED CONSENT FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(DOB): \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name/Relation/Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

I am receiving the following Semipermanent Make-Up procedure(s):

\_\_\_\_\_ Eyebrow Microblading

Statement of Consent and Recitals: Please INITIAL ALL LINES.

\_\_\_\_\_ I am 18 years of age or older.

\_\_\_\_\_ I understand that there are contraindications for semipermanent make-up such as: Glaucoma, High blood pressure, Cancer, Pregnancy and Breastfeeding, Hemophilia, Mitral valve disorder, Allergy to topical anesthetics and to Medical Nickel instruments.

\_\_\_\_\_ I have read before and after instructions, which I will follow to the best of my ability.

\_\_\_\_\_ I agree to before and after pictures. These pictures will become the sole property of the microblading artist and may be used for advertising.

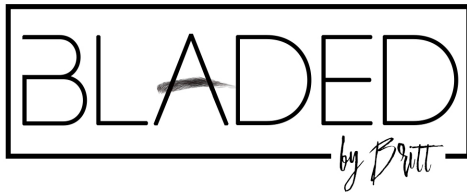
\_\_\_\_\_ I understand that a certain amount of discomfort may be associated with this procedure, and that minor or temporary swelling, redness, and tenderness may be experienced.

\_\_\_\_\_ I understand that the semipermanent make-up will appear darker immediately after the procedure than it will one week later. Within 3 to 4 days post procedure, the outer layer of pigment will begin to peel off and the area will then appear lighter, softer and less defined.

\_\_\_\_\_ In order to prevent THE AREA FROM SCABBING I will regularly apply Healing Ointment (Bepanthen) or Natural Oil (Grapeseed/Coconut Oil) to minimize scab formation and to the keep the treated area moist to best of my ability.

\_\_\_\_\_ I understand that I should advise medical personnel or professional aestheticians of the existence of the semipermanent make-up if a chemical peel, MRI, or plastic surgery is to be performed near or over the semipermanent make-up area.

\_\_\_\_\_ I understand that since permanent make-up is an ART and not a SCIENCE, the outcome of the procedure cannot be guaranteed. The reason is due to the fact that there are so many variables related to the client. (i.e., following after care instructions, sun exposure, medications, medical conditions, scar tissue, client’s lifestyle and overall health)



\_\_\_\_\_ I understand that fading or loss of pigment may occur due to the fact that skin rejected the pigment or any other unknown factor. I will not hold the semipermanent makeup artist responsible for any fading or loss of pigment. I also understand that if loss of pigment occurs, additional touch-ups may be required for optimal results and will incur additional fees. (Not including the complementary Microblading Perfecting Session 4-6 weeks post procedure)

\_\_\_\_\_ I understand that microblading is a multi-session procedure requiring more than one visit to perfect. All procedures take at least 30 days to completely heal. I understand that the complementary touch-up Perfecting Session must be scheduled within 6 weeks of the initial application. The reason is due to the fact that permanent make-up needs to be layered, or fading may occur. A total of at least 2 applications are required (in most cases) to achieve the final outcome. If excessive swelling occurs, extra appointments may be necessary for desired outcome, or procedure may not be effective.

\_\_\_\_\_ I understand that my payment covers a total of two visits, including the Initial Application and Perfecting Session.

Follow-up sessions for touch-up work are:

Within 6 months of initial procedure - \$100,

Within 6 months - 1 year of initial procedure - \$200,

Within 1 - 2 years of initial procedure - \$300,

After 2 years of initial procedure - \$400

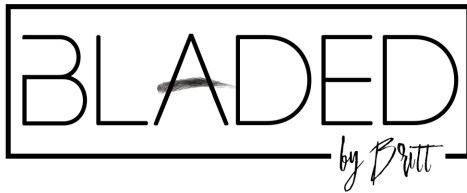
\_\_\_\_\_ I understand that implanted pigment can fade or change in color over time due to circumstances beyond the artist's control. The original color may be altered by things such as sun exposure, tanning beds, skin care products (especially anti-aging products like Retinols, AHA, BHA, etc), pools, salinity levels of each person's unique skin, general health and other factors.

\_\_\_\_\_ I understand that for the most optimal cosmetic results, I will need to maintain the color with future touch-up applications every 6 months to 1 year.

\_\_\_\_\_ If I am a tobacco user, I understand that the healing process may be negatively affected and I may have difficulty with color retention.

\_\_\_\_\_ I understand that if I decide to change the color, shape or procedure technic after the initial application, I will need additional session(s) to achieve my new desired result/depth of color, and will be charged full price.

\_\_\_\_\_ I understand that I must wait 1 full year following any tattoo/permanent make-up procedure before donating blood, per Red Cross guidelines.



\_\_\_\_\_ I understand that Laser Tattoo Removal can be costly and painful.

\_\_\_\_\_ I understand that there will be NO refunds after treatment of this elective procedure(s).

\_\_\_\_\_ I acknowledge and accept that the proposed procedure(s) involve risk inherent in the procedure, and the possibility of complications exists both during and following the procedure. Infection, misplaced pigment, migrating pigment, poor color retention, scarring, allergic reactions, swelling, pain, bruising, minor bleeding, redness, soreness, and hyper-pigmentation are a few of the possible complications. I will be fully responsible for any and all results, which may arise from semipermanent make-up applications.

\_\_\_\_\_ I do hereby agree to free the microblading artist from any and all claims or suits for damage, for injuries or complications resulting from service provided by microblading artist such as costs of medical care that may arise from the procedure, including post-procedure care.

By signing below I acknowledge that I have read and understand the above and all of my questions have been answered and that I consent to have the above beauty service.

Signature \_\_\_\_\_ Date \_\_\_\_\_