



# MICROBLADING

## CONSENT FORM

My technician explained the aftercare instructions to me, and a written copy was given to me, which I promise to follow to the best of my ability. If I have questions, I immediately call or contact my technician.

I understand that there is some discomfort during this procedure and that swelling, redness and bruising may appear after the procedure.

I understand that I shouldn't use products containing Retin A, Renova, Alpha Hydroxy, and Glycolic Acids on the treated areas. The use of these products can cause the color to alter its shade.

I understand that direct sunlight, tanning beds, pools, certain skincare products, and a few medications can affect my permanent makeup.

I understand that the service provider does not guarantee a successful lip color saturation due to possible hidden scar tissue.

I informed my technician or any medical personnel about my permanent makeup procedures, in particular before an MRI scan.

I accept the responsibility of explaining to my technician my wish for specific color shades, shape, and position for any procedure done by my service provider.

I understand that inserted pigment color/shade can slightly change or fade due to circumstances beyond my or my technicians' control and I have to maintain the color with a future touch-up session within 60 days of application.

I acknowledge that today's procedure(s) implicated risks due to the nature of the procedure and have the possibility of complications during and following the procedure(s) like infection, poor color retention, and hyper-pigmentation, swelling or bruising.

I was informed about the cost of today's appointment and procedure, which includes one touch up session after 30 -60 days.

My technician explained that a touch -up session is highly recommended to make any adjustments to the shape, color shade, and to fill any spots with poor pigment retention. Touch-ups must be performed within 4-6 weeks of the initial procedure.

I certify that I have read the contents of this form.

I understand the risks and alternatives involved in the procedure.

I had the opportunity to ask questions from the technician, and I got satisfactory answers.

I acknowledge that I have reviewed and approved the materials given to me, and I authorize my technician to perform on me the procedure I selected.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_



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## POSSIBLE SIDE EFFECTS

Allergic reaction: there is a slight possibility of an allergic reaction to the materials used during the procedure. You have the option to take a 5-7 day patch test to determine this possibility. Please initial to:

Waive\_\_\_\_\_ or Take\_\_\_\_\_.

Anesthesia: topical anesthetics are used to numb the area before the procedure. Lidocaine, Prilocaine, Benzocaine, Tetracaine, or Epinephrine based cream or gel is used to numb before the procedure. If you are allergic to any of these, please inform your esthetician now to avoid any allergic reactions!

Infection: the areas treated must be kept clean and only cleaned/sanitized hands should touch the treated areas.

Pain: there can be some pain even after the topical anesthetic has is applied. The pain level is different for every person.

Uneven pigmentation: this can result from poor healing, inappropriate aftercare, infection of the treated area, other causes. The follow-up appointment is for correcting any uneven appearance after healing.

Asymmetry: we do everything to avoid asymmetry, but our faces are not symmetrical. You may need adjustments and corrections during the follow-up session.

Excessive swelling or bruising: this varies from person to person. Ice packs can help, and the bruising and swelling typically disappear with a few days.

MRI scans: pigments used in the microblading procedure contain inert oxides, a low-level magnet is required if you need to go under an MRI scanner. IMPORTANT: You must inform your MRI technician of any tattoos or permanent makeup procedures.

The alternative to avoid these possibilities is to use cosmetics on a daily basis and not undergo the eyebrow microblading cosmetic procedure. Consent and release for procedures performed:

Client Signed \_\_\_\_\_

Date \_\_\_\_\_