

STATEMENT OF CONSENT AND RECITALS: *Please read and initial all lines*



I understand that I will be receiving permanent makeup/ microblading services.

I understand that its recommended for a touch up procedure 8-12 week after my initial procedure.

I understand yearly touch ups are recommended.

Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email you.

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 the treated areas. They will alter the color.

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

I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm schedule for an MRI.

I accept the responsibility for my explanation to you my desire for specific colors, shape, and position for any procedure done today.

I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I may need to maintain the color with future applications **and a touch up session within 3 months.**

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 quoted the cost of today's appointment, which includes **one (1) touch-up within a three month period. There will be no refunds for this/these elective procedure(s).**

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) and 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 the technician to perform on my microblading procedure desired today.

Signed _____ Date _____

Print full name: _____

Consent and Release Agreement



This form is designed to give information needed to make an informed choice of whether or not to undergo 3D Brows/ microblading. If you have questions, please don't hesitate to ask.

Although 3D Brows are affective 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 dermal layer of the skin and is a form of tattooing.

All instruments that enter the skin or come in contact with 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 to expect a touch-up after the healing is completed.

Initially the color will appear much more vibrant or darker compared to the end 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 and will likely need to be touched-up within 6 months to 18 months. **Please note that color may fade faster on oily skin. Please refer to 3D Brows Policy sheet.**

Photography Release Consent

We would like your permission to use these photos for advertising. For example, in portfolios, online and in print ads, etc. Your consent is necessary regarding this. Please circle and 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 technician:

Client Medical History Form



Date _____ Birth Date _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone# _____ Email _____

Emergency contact person _____ Phone# _____

Do you presently have or previously had any of the following: (Circle yes or no)

- Yes No History of MRSA
- Yes No Botox
- Yes No Diabetes Yes No Lip fillers/ Restylane/ Juvederm
- Yes No Cold Sores/ Fever Blisters ever? Yes No Blepharoplasty (Eyelid surgery)
- Yes No Hepatitis (A,B,C,D) Yes No Forehead/Brow lift
- Yes No Easy bleeding Yes No Face lift
- Yes No Alcoholism Yes No Eye surgery/ injury/ Corneal abrasion
- Yes No Abnormal Heart Condition Yes No Contact Lenses now
- Yes No Take meds before Dental work Yes No Chemical Peel (last treatment _____)
- Yes No Pregnant now/ Breast feeding now Yes No Brow or Lash tinting
- Yes No Autoimmune Disorder Yes No Oily Skin
- Yes No Cancer year _____ Yes No Accutane or acne treatment
- Yes No Chemotherapy/ Radiation Yes No Tan by booth or sun
- Yes No Tumors/ Growths/ Cysts Yes No Difficulty numbing with dental work
- Yes No Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, ect.
- Yes No Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, ect. List _____

Yes No Allergies to metals, food, ect. _____

Yes No Any diseases or disorders not listed: _____

Yes No Do you use skin care products containing Retin-A, glycolic acid, alpha hydroxyl? Please list medication or vitamins you're presently taking: _____

I agree that all the above information is true and accurate to the best of my knowledge.

Signed: _____ Date _____