

MICROBLADING/MICROSHADING DISCLOSURE & RELEASE FORM

Name: _____

DOB: _____

Phone: _____

Address: _____

Email: _____

List any medications you have been taking in the past 6 months:

Have you ever had an allergic reaction to any of the following (please circle):

Latex	Lanolin	Vaseline	Medication
Metals	Hair Dyes	Foods	Lidocaine
Paints	Crayons	Glycerin	

Have you received chemotherapy or radiation in the past year? _____

Have you ever had a cold sore? _____

If yes, contact your physician for a preventative prescription capsule to prevent a cold sore.

Are you currently taking medication that thins the blood? _____ If yes, please explain:

Do you take antibiotics when going to the dentist? If yes, why?

Have you ever had one of the following (please circle):

Artificial Heart Valve	Anemia	Bleed Easily	Bruce Easily
Cancer	Circulatory Problems	Diabetes	Epilepsy
Fainting or Dizziness	Hair Loss	Healing Problems	Hemophilia
HIV	High Blood Pressure	Low Blood Pressure	Hypertrophic or Keloid Scars
Sensitivity to Cosmetics	Prolonged Bleeding	Trichotillomania	Thyroid Disturbances
Scar Easily			

What would you like to improve about your eyebrows? Consider shape, color, density, thickness...

Please read the following statements carefully.

*Microblading/microshading is a way of cosmetic tattooing, intended to be semi- permanent lasting average 12-18 months. On a rare occasion, the pigment may migrate under the skin. Procedure of microblading/microshading may be uncomfortable. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. **Permanent cosmetics cannot be performed if you are pregnant or nursing, or anyone under the age of 18.** Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading/microshading procedure, you should notify/discuss with your doctor. Possible scarring may occur.*

I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

Client Printed Name _____

Signature _____ Date _____

Technician Signature. _____ Date _____

Date _____

For technician use - Note pigments/blades used for this client

MICROBLADING/MICROSHADING PRE PROCEDURE ADVICE

Please read the following advice carefully and sign at the end.

- Microblading/Microshading procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place 6-8 weeks after the initial procedure. Those with oily skin may require an additional touch up. Please be aware that color intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the color will reduce by 30-50%.
- Although numbing cream is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red and/or swollen after the procedure.
- Please do not drink alcohol 24 hours prior to the treatment.
- Unless medically necessary, please avoid taking things that thin the blood like fish oils, herbals, Vitamin E, aspirins.
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, any member of the Zingiberaceae (Ginger) family, Cayenne, Cinnamon, Garlic, Horseradish, Mustard.
- A patch test can be performed, unless waived by client. It is the client's responsibility to schedule this at least 2 weeks prior to the procedure.
- Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure
- No electrolysis for at least 5 days before the procedure.
- Botox, AHA products and retinoids should be avoided for 2 weeks prior to the procedure.
- Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure.
- Chemical and laser peels should be avoided no less than 6 weeks prior to procedure.
- Patients prone to cold sores/fever blisters should take an anti-viral prior to treatment.
- Hormone therapies can affect pigmentation and/or cause sensitivity|.
- Discontinue use of any brow-growth serums like Latisse, as it can cause sensitivity / affect pigment.

Topical Anesthetic Advice

- **Allergic reaction** can occur from any anesthetics used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show

through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.

- **Numbness** – We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.
- **Procedure** – For microblading/microshading procedure, a numbing cream/gel is used. The products are formulated to be perfectly safe and can be purchased over the counter from any pharmacy/chemist. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment. As a result of the treatment, combined with the use of the anesthetic, you can expect to experience some redness/swelling that can last 1-4 days. You should always follow your post procedure advice and after care for the best results.

Contraindications for Microblading/Microshading

- Liver disease – high risk of infection • Pregnancy/Nursing
- Compromised skin near brow area • Chemotherapy/Radiation • Skin conditions like psoriasis, dermatitis, etc near the brow area
- **The following medical conditions require a note from your doctor giving consent**
Diabetes Type 1 and 2, high blood pressure, auto-immune disease, thyroid / Graves' disease Any other medical condition that causes slow healing or a high risk of infection

I have read and full understood the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the microblading/microshading procedure. I agree to follow pre- and post-procedure advice closely

Client Printed Name

Signature _____

Date. _____

Technician Signature _____

Date _____

INFORMED CONSENT FOR MICROBLADING/MICROSHADING

I _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

» If an unforeseen condition arises in the course of the procedure, I authorize my technician to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the microblading/microshading procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

» I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

» I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.

» The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, post procedure after care.

» I understand that with oily skin types, strokes can heal less crisp, expanded and/or blurry and may result in a powder-brow effect.

» Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brows.

» I have been advised that the true color will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

» To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

» I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of after care details.

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, 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 is a tattoo process and therefore not an exact science but an art. I request the semi-permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure _____ (initial)

There is a possibility of an allergic reaction to numbing agent and/or pigments. A patch test is offered however it does not ensure a client will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment. **Patch test must be booked at least 1 week prior to the procedure!**

INITIAL ONE OR THE OTHER, NOT BOTH:

I consent _____ (initial) to the patch test OR I waive _____ (initial) the patch test

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

I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I, _____, give Kent County Aesthetics permission to perform my microblading/microshading procedure.

Client Printed Name _____

Signature _____ **Date** _____

Technician Signature. _____ **Date** _____

I understand the following completely: (initial each statement)

_____ Microblading/Microshading can last 6-18 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration. The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get desired result.

_____ One complimentary touch up is included in the price of today's procedure. I must schedule the touch up for 6 to 8 weeks after my initial treatment. I have read and understand the Fees & Policies sheet.

_____ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

_____ I have seen and agree with the pre-draw shape that my artist created. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.

_____ There may be risks and hazard related to performing this procedure.

_____ There may be discomfort and pain during this procedure.

_____ There is a possibility of bleeding, swelling, redness and allergic reactions to pigments.

_____ Microblading/Microshading is considered semi-permanent and can/will fade over time.

_____ Microblading/Microshading though semi-permanent, may last permanently and may not fade.

_____ Surgical procedures may be required to remove pigment from skin. These procedures may cause scarring and permanent damage to the skin.

_____ Final result cannot be determined until brows are completely healed at 4 to 6 weeks.

_____ I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.

_____ I have received post care instructions and will follow them to ensure results of my procedure are satisfactory

_____ I am NOT pregnant

_____ I am NOT under the influence of drugs and/or alcohol or any other mind altering substance

_____ I fully understand the procedure and give permission to my technician to perform the service of Microblading/Microshading and all procedure and steps involved.

_____ I have truthfully filled out the consent form and have informed my technician of all medications I have taken.

_____ I release Kent County Aesthetics and its representatives and license technicians of all claims and injury, seen or unseen that may occur as a result of this procedure.

Client Printed Name _____

Signature _____ **Date** _____

Technician Signature. _____ **Date** _____

Microblading/Microshading Patient Photo Release Agreement for Kent County Aesthetics

I hereby consent to, and authorize the use by Kent County Aesthetics of the specified microblading/microshading photographs and/or video; that is, photographs taken before, during and after my microblading/microshading procedure.

I understand that my identity will be protected and neither my full face nor my name will be used in conjunction with the photographs and/or video.

Kent County Aesthetics has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that Kent County Aesthetics requests to be used and it is understood that these photos may be used on Kent County Aesthetics web site, social media accounts (Facebook, Instagram, Twitter), and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used.

Should I desire to revoke permission for their use in the future, I understand that I must notify Kent County Aesthetics in writing and allow 30 days to accomplish this removal.

I now release Kent County Aesthetics, and anyone authorized by Kent County Aesthetics, all personal rights and objections I have or may have to the above described uses of my photographs and/or videos. I have entered into this release freely or voluntarily, and agree to be bound thereby.

Client Printed Name _____

Signature _____ **Date** _____

Technician Signature. _____ **Date** _____

MICROBLADING/MICROSHADING FEES & POLICIES

Please read thoroughly and carefully and initial or sign where indicated.

A 30-minute consultation is required prior to having the microblading/microshading service. The cost is \$25, which will be applied toward the final total

The cost of the microblading/microshading procedure is \$550 – includes the initial session and touch up 6-8 weeks later A \$100 retainer fee is required to schedule your microblading/microshading, but will be applied toward your final total.

This is **non-refundable** as we are reserving a large time slot especially for you.

Please do not book this appointment if you are not **100% sure** that you want to have this procedure done!

It is okay to take your time to think about it!

If you do book the appointment and **cancel** for any reason, your retainer fee will **NOT** be refunded.

We understand that schedules sometimes change. If you need to **reschedule** your microblading/microshading appointment for any reason, you may keep your deposit on the appointment **if we are given 5 business days notice**. If we do not have 5 business days notice, **we will unfortunately need to collect another \$100 deposit** to schedule another session, as a short notice rescheduling does not give us enough time to fill the spot and the microblading/microshading artist loses money.

Scheduled appointments for the touch up procedure require **48 hours notice for cancellation or rescheduling!** The touch up service is included in the original price **ONLY** when performed within 10 weeks after the initial session. Outside 10 weeks, **or if appointments are missed**, an additional charge will be incurred.

_____ I acknowledge that I have read and fully understand the policies.

_____ I understand that if I cancel this appointment, I will not get the \$100 retainer fee back.

_____ I understand that if I need to reschedule the appointment, I need to give a minimum of 5 business days notice, otherwise I will be required to pay an additional \$100 retainer fee to re-book the appointment.

By signing this form, I am acknowledging that I have read and fully understand the policies. Any questions I have regarding the policies have been answered and explained to me.

Client Printed Name _____

Signature _____ **Date** _____

Technician Signature. _____ **Date** _____

AFTER CARE INSTRUCTIONS

Please follow these instructions for 14 days after the procedure to improve and prolong the results of your microblading/microshading. If you don't follow these instructions, it can greatly affect your microblading/microshading results or put you at risk for infection or scarring or loss of pigmentation!

Items you will need for immediately after the procedure:

- Gold Dial antibacterial soap (in the pump) - Sterile gauze - Bottled water

Avoid getting anything on the brows, including water, except for cleansing as directed. For the first day after your procedure, please gently blot your brows **every hour**, using sterile gauze and a little bit of bottled/distilled water, to remove any excess lymph fluids. You can set an alarm on your phone to help remind you. This is very important to minimize scabbing and allow for better pigment retention!

Cleansing: In 2-3 hours, wash lightly with slightly damp Q-tips and antibacterial soap. Repeat this washing, very gently every morning and night. When washing, it should be very gentle and with hardly any water and with a tapping motion, no rubbing. Please avoid saturating brows with water. After the initial 3 days of washing, you may very sparingly apply a super thin application of aftercare balm (which I will provide), using a clean Q-tip – morning and night. This will hydrate your brow area for dryness relief. Do not pick or rub the brows. The scabs/flakes must fall off on their own or you will risk removing the color and possibly scarring.

- Do not soak the treated area in the bath, pool or hot tub. For 30 days, refrain from swimming in salt water or chlorinated pools, saunas, hot yoga, steam rooms or sun beds.
- **No exercise for 14 days.** After 14 days – when exercising, wear a sweatband to avoid sweat on brow area.
- Do not expose treated area to direct sunlight. After healed (30 days), use a sunscreen to avoid fading from the sun.
- **No makeup** should be applied directly on the brows during the healing process. After the brows have healed (14 days, OR after the scab/skin flakes off) you may wear brow makeup at that time.
- No other products should touch the brows during healing, other than the Dial soap and the after care balm.

- **Do not touch, rub, pick or scratch** your brows following treatment or during healing process.
- You may find that your eyebrows will scab or become slightly dry following the treatment. If they itch, **DO NO SCRATCH** them. You may tap them to alleviate the itch.
- If your eyebrows get wet during the healing process, pat them dry with a towel, **DO NOT RUB**.
- Avoid using daily skincare products directly on the eyebrows.
- If you are planning a chemical peel, or any other medical procedure, please inform technician of the procedure you have had. Procedure should only be done once the healing process is complete.
- If you are due to give blood after the procedure, please inform your nurse about the microblading/microshading treatment you have had as this might alter the results.

WHAT TO EXPECT

Initially, your brows will appear more bold than usual. This is because we have enhanced the brows, deposited pigment in the skin and often times, made them appear fuller. Over the next few days after the procedure, your brows may darken during the healing process. This is normal and this is not the way they will remain. Around 7-14 days, you may notice some flaking/shedding of the skin near the brow area. Think of this is very small “scabs” falling off the skin now that the skin underneath has healed. When the skin flakes off, many times the microblading/microshading strokes appear very light or sometimes it seems that they have disappeared. **THIS IS NORMAL!** This is because there is still a thick layer of protective skin creating a veil over the pigment. Once you go through a skin cycle (4-6 weeks) the pigment will typically reappear but will be about 30-50% lighter than it was immediately after the procedure.