



Microblading  
Semi-permanent Makeup Artist

## Eyebrow Microblading Consent Agreement

This form is designed to give information needed to make an informed choice as to whether or not to undergo Eyebrow Microblading semi-permanent make up application. If you have questions, please do not hesitate to contact me to discuss.

Microblading is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing, though semi-permanent and not permanent.

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.

It is usual to expect a touch-up (complimentary and included) treatment after the healing is completed from your initial treatment. Initially the colour will appear much more vibrant or darker compared to the end result. Usually within 7 days the colour 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 18 months – 3 years, dependant on your skin type and lifestyle.

### Things to consider:

**Discomfort during the microblading procedure:** There is a possibility of some discomfort even after the topical aesthetic has been used. Aesthetics work better on some people than others.

**Infection:** Although rare, there is a risk of Infection. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" below for instructions on care.

**Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will aim to correct any uneven appearance.

**Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness. Remember our brows are sisters and not twins!

**Excessive Swelling or Bruising:** Some people bruise and swell more than others. Some people don't bruise or swell at all.

**Aesthesia:** Topical anaesthetics are used to numb the area to be microbladed.

### Eyebrow Aftercare

Careful aftercare is very important for producing a beautiful and lasting result.

Your brows will develop little scabs after the treatment, often they are not visible to others, it's really important to treat these scabs with total respect and leave them to heal and fall away naturally – the scabs will be attached to the pigment in the dermal layer, pulling them off can pull the pigment from the skin.

In an ideal world you want to keep your brows dry for the first week, this isn't always possible I appreciate, so if they become wet DAB dry – never ever rub.

During the first week avoid getting any makeup on your brows, this would mean having to wash them to clean them and remember they need to stay dry.

Whilst your brows are healing only touch them with clean hands!

When you leave your microblading appointments you will be given a PhiWipe and PhiBalm. The PhiWipe should be used an hour after you leave your treatment, it helps remove any lymph fluid and the balm should be applied every couple of hours to dry skin with clean hands for the first day, the balm contains ingredients to help with the healing process and also to provide a protective barrier – only a very thin layer is needed. You will want to use this balm each morning, evening or before a shower or workout for the first five days.

Do not expose the area to sun or tanning beds until fully healed and avoid swimming pools for 14 days. Do not dye or tweeze the eyebrows until fully healed.

**FAILURE TO FOLLOW AFTER-CARE INSTRUCTIONS MAY RESULT IN INFECTIONS, PIGMENT LOSS OR DISCOLORATION.**



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### Eyebrow Microblading Consent Agreement

Name:

Birth Date:

Address:

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 - Hepatitis (A,B,C,D)

Yes No - Forehead/Brow lift

Yes No - Easy bleeding

Yes No - Face lift

Yes No - Alcoholism

Yes No - Abnormal Heart Condition

Yes No - Take meds before Dental work

Yes No - Chemical Peel

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 - Tumours/ Growths/ Cysts/poor scarring

Yes No - Difficulty numbing with dental work

Yes No - Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, etc

Yes No - Allergic reaction List \_\_\_\_\_

Yes No - Any diseases or disorders not listed: \_\_\_\_\_

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

Name:

Signed:

Date:



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**Statement of Consent:**

Please read and initial all lines:

\_\_\_Aftercare instructions have been explained to me and a written copy has been 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 colour.

\_\_\_I understand that sun, tanning beds, pools, some skin care products and medications can affect the pigment holding and should be avoided.

\_\_\_I accept the responsibility to explain to you my desire for specific colours, shape, and position for any procedure done.

\_\_\_I understand that implanted pigment colour can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the colour with future applications and a touch up session.

\_\_\_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 colour retention and hyper-pigmentation.

I certify that I have read or have had read to me the contents of this form. I understand the risks 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 authorise Katrina Marie Potter, as my Eyebrow Artist to perform Eyebrow Microblading today.

Name:

Signed:

Date:

**Photography Release Consent**

I would like your permission to use any photos for advertising. For example, in portfolios, online, social media and in print ads, etc. Your personal ID will always be kept confidential. 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

Name:

Signed:

Date: