

CONSENT & RELEASE

MICROBLADING AND/OR SHADING PROCEDURE



Name: _____
Date of Birth: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Emergency Contact Name & Phone: _____

This form is designed to give important information for an informed decision to undergo the Microblading and/or Shading procedure.

Although the permanent cosmetic procedure is effective in most cases, absolutely no guarantee can be made regarding the client's benefit from the procedure.

The process consists of pigment inserted into the dermal layer of the skin and is a form of body art/ tattooing. All tools used to enter the skin are sealed and sterilized before use and disposed of properly after each use. Cross-contamination guidelines are strictly adhered to.

Generally, the results are beautiful. However, a perfect result is an unrealistic expectation. Each skin type will take the pigment differently. It is highly recommended to expect to have a touch-up session after the healing is completed, usually 4-8 weeks after initial procedure.

Initially, the color will appear more vibrant or darker compared to the end result. Usually, within 5 to 7 days the color will fade by 35%-45%, soften, and look more natural. The pigment is permanent but will fade over time and will need an annual touch up between 12 - 18 months.

_____ I certify I have read the above paragraphs and have an understanding of this procedure.

_____ Aftercare instructions have been explained to me and a copy has been given to me to keep, which I will follow to the best of my ability.

_____ 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 treated areas. They will alter the color and cause premature exfoliation of the pigment.

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

_____ I recognize that tattoo inks used are not approved by the FDA and therefore the consequences of using them are unknown.

_____ I accept the responsibility to explain to Janelle 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 will need to maintain the color with future applications and have an annual touch-up.

_____ I acknowledge that the proposed procedure(s) involve risks inherent of the procedure, and have possibilities of complications during and/or following the procedure such as, but not limited to: infection, allergic reaction, misplaced pigment, poor color retention, hyper pigmentation, scarring, inconsistent color, spread, fanning, or fading of pigments.

_____ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue. Touch-ups must be completed after 8 weeks of initial procedure.

_____ I acknowledge my receipt of written instructions advising me of proper care of my Lip Blush treatment and recognize the necessity to follow those instructions.

_____ I agree to release and discharge and hold harmless Modern Brow artists, associates, and agents from any and all claims, damages, or legal action arising from or connected in anyway with my tattoo or the procedure and conduct used to apply my tattoo and any and all tattoos applied by the tattoo artists, associates, and agents in the future.

_____ I certify that I have read the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize Janelle Lind to perform on my body the permanent makeup procedure desired today.

_____ I understand the results are not guaranteed and this procedure is elective.

_____ I consent to my before and after photos to be used for marketing purposes.

By signing below, I agree that the above information is true and correct to the best of my knowledge. I am aware that this procedure does not guarantee specific results.

Signature: _____

Print Name: _____ Date: _____

TO BE FILLED OUT BY ARTIST

Ink Color: _____ Ink Lot #: _____

Blade Size & Lot #: _____

Machine & Needle Cartridge: _____