



Microblading -- Informed Consent and Release

This form provides information about microblading, which involves the application of semi-permanent makeup. You are encouraged to carefully review the information provided in order to make an informed decision as to whether to undergo the microblading procedure.

Microblading involves the insertion of pigment into the dermal layer of the skin and is a form of tattooing. Initially the color will appear more vibrant or darker compared to the end result. Usually within 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 12 to 18 months.

All instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use. Cross contamination guidelines are carefully adhered to.

Possible risks, hazards or complications:

- **Pain:** There is a possibility of pain or discomfort even after the topical anesthetic has been used. Anesthetics 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" sheet for instructions on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical. Adjustments may be needed during the follow up session to correct unevenness.
- **Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears within 1-5 days. Some people don't bruise or swell at all.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform us now.
- **Allergic Reaction:** There is a possibility of an allergic reaction to the pigments or other materials used. You may take a 5-7 day patch test to determine this. Please initial to: Waive___ or Take_____.

Consent for Microblading Procedure: *Please read and initial all lines.*

_____ I am currently not under the influence of any drugs or alcohol.

_____ I am not pregnant.

_____ I do not currently nor have I taken Accutane within the last 12 months.

_____ I have not had Botox and/or other cosmetic filler procedures within the past two weeks.

_____ I have not had surgery of any kind within the past six months.

_____ I have not taken any blood thinning medication with the past 72 hours nor have I taken aspirin within the past 24 hours.

_____ Aftercare instructions have been explained to me and are attached to this consent form. 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 my technician.

- _____ I have reviewed the Eyebrow Microblading FAQ on www.the-skin-bar.com prior to my appointment, and I understand the information listed there.
- _____ 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 accept the responsibility for explaining to my technician my desire for specific colors, shape, and position for any procedure done today.
- _____ I understand that implanted pigment color can change or fade over time due to circumstances beyond the spa control and I will need to maintain the color with future applications
- _____ I acknowledge that the microblading procedure involves inherent risks and that there is a possibility of one or more 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 6 weeks following today's appointment. After 6 weeks, a fee will apply for any further touch-ups. There will be no refunds for this elective procedure.

Special instructions to the technician: _____

I acknowledge that I am at least 18 years of age and 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. 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 Skin Bar to perform the microblading procedure on me. I hereby release The Skin Bar and its employees and affiliates from any liability arising from the risks that are known and/or inherent in the microblading procedure.

 Signature

 Date

 Name (Please Print)

 Phone Number

 Email Address

 Referred By

Optional Photography Release Consent

The Skin Bar would like to take before and after photographs depicting the results of your procedure. We would also like your permission to use these photographs for advertising. Advertising may include portfolios, brochures, online or print advertisements, etc. Please circle "yes" or "no" below to indicate whether you consent to our use of your photographs for advertising purposes.

YES, feel free to use photographs of me

NO, please do not use photographs of me

