



CONSENT AND RELEASE AGREEMENT FOR MICROBLADING PROCEDURE

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

This form is designed to give important information for an informed decision to undergo the microblading procedure.

Although the 3D Microblading, 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 recommended to highly expect to have a touch-up session after the healing is completed.

Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5 to 7 days the color will fade 35%-45%, soften, and look more natural. The pigment is permanent but will fade over time and may need touching up between 1-1.5 years.

_____ I certify I have read the above paragraphs and have had explained to my full understanding this consent and procedure permit.

_____ Aftercare instructions have been explained to me and a copy has been given to me to retain in my possession, 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 products and medications can affect my permanent makeup.

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

_____ I accept the responsibility to explain 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 will need to maintain the color with future applications and a touch-up session within 60 days.

_____ I acknowledge that the proposed procedure(s) involve risks inherent of the procedure, and have possibilities of complications during and/or following the procedures such as, but not limited to: infection, allergic reaction, misplaced pigment, poor color retention and hyper-pigmentation, scarring, inconsistent color, and spreading, 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 within 8 weeks of initial procedure.

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

_____ I agree to release and discharge and hold harmless tattoo 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 or have had read to me 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 of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize Michelle Kennaugh to perform on my body the eyebrow microblading procedure desired today. I understand that 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 all the above information is true and accurate to the best of my knowledge. I am aware that this procedure does not guarantee specific results.

Signed: _____ Date: _____

Print Name: _____ Ink Color : _____
Ink Lot #: _____ Blade Size and Lot #: _____