



## PERMANENT MAKEUP / MICROBLADING

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

### **Deposit & Payment**

A non-refundable deposit of \$\_\_\_\_\_ is required to confirm appointment. Deposit is applied to the total cost of \$\_\_\_\_\_. The remaining balance of \$\_\_\_\_\_ is due on the day of procedure.

### **Late or Missed Appointments**

Please arrive 15 minutes before your appointment to allow time to fill out paperwork. If you will be more than 20 minutes late, your appointment will be rescheduled for another day and your deposit will be forfeited. Please allow 48 or more hours notice when rescheduling your appointment. Microblading deposits are non-refundable.

### **Guest Policy**

Please arrive alone to your appointment. Due to the artistic and detailed nature of this service, guests are not allowed during your treatment to avoid disrupting the artist. Children are not allowed in the studio during a tattoo procedure.

### **Guarantee**

All procedures shall be performed in strict compliance with all hygiene and health protection measures. The permanent makeup artist accepts liability with the legal measures and regulations in the case of negligence, carelessness, or intentionally causing injuries or threat to life, body or health. It is our guarantee the Permanent Makeup Artist is professionally trained and licensed.

### **Consultation Required**

We require a consultation, medical screening, and a 24- hour patch test before taking new clients. We do not take walk in appointments for new clients.

**Permanent makeup** mimics the look of lipstick, lip liner, eyebrow pencil, and eyeliner done through a process called micropigmentation, where a tattoo pen is used to inject permanent ink into the skin.

**Microblading** is a semi-permanent tattoo technique of drawing of eyebrows with hyper-realistic results. It is done with 14-18 micro pins aligned next to each attached to a hand tool. Each stroke is placed carefully one at a time to mimic hair strands which results natural-looking eyebrows that last from 1-2 years.

### **Contraindications**

- Pregnancy or Nursing
- Insulin Dependent Diabetics
- Serious diseases such as cancer, epilepsy, autoimmune disorders
- Viral infections and/or diseases (Cold, Flu)
- A Pacemaker or major heart problems
- Had an Organ transplant
- Currently taking anticoagulants (blood thinning medication)
- Skin irritations or Psoriasis near the treated area (rashes, sunburn, acne, etc.)
- Recent Botox or injectable treatment (must wait 2 months)
- Waxing (must wait 1 week) Chemical Peels (must wait 2 weeks)
- Used Accutane, Differin, Retin-A, etc. in the past year
- Allergies to Anesthetics
- Seborrheic dermatitis
- The tendency to keloid or scar

NAME \_\_\_\_\_

### Medical History

The information provided is confidential & private. The permanent makeup artist holds the right To deny service to clients that have the following conditions. The permanent makeup artist assumes no liability to false information given intentionally.

Medical Conditions or Medications	Yes / No
Hemophilia	
Diabetes Mellitus	
Hepatitis A, B, C, D, E, F HIV	
Skin Diseases	
Eczema	
Allergies; Medications, Food, Latex, Adhesive Indicate Allergen(s): _____	
Do you have a Herpes Breakout?	
Are you suffering from an Infectious Disease or High Fever?	
Do you have Epilepsy?	
Do you have Cardiovascular Conditions?	
Do you have Slow Healing Wounds?	
Do you have a pacemaker?	
Are you taking Anticoagulants?	
Are you Pregnant or Nursing ?	
Do you take medication in a daily basis? Indicate Medications: _____	
Do you take Vitamins or Supplements? Indicate what type: _____	
Did you consume alcohol or drugs in the last 24 hours?	
Did you in the last 30 days undergo surgery?	
Have you been exposed to radiation in the last 14 days?	
Did you in the last 14 days receive any other type of medical intervention?	

## **Explanation of Risks**

During treatment, despite staff expertise and all precautionary measures, injury is possible. Although we apply only the most advanced and top quality pigments, allergic reactions are possible, but rare. During and after the treatment, temporary swelling, redness and/or itching may occur. Depending on the skin structure, after the first treatment, small scars with the loss of drawn hairs may occur and color Intensity changes. In the first seven days. Eyebrows are up to 40% darker and 10-15% thicker. Color is determined based on the client's natural hairs. Symmetry is based on face proportions and determined digitally with closed eyes because of the negative impact of facial expression. The pigment is absorbed differently due to differences in skin quality, therefore, there is no guarantee on the treatment's success. Depending on the client's skin type or skin quality the change in color intensity is possible and one or more additional treatments (with added cost) may be required. The first perfecting session is included 4-6 weeks after the procedure. For clients with oily skin, it may be necessary to perform more than one perfecting sessions. In this case, the added cost will be determined by the artist. Permanent Makeup leads to the injury of skin therefore, its is important to carefully and gently nurture your skin after the treatment. Following after care protocol will allow healing without complications. In adequate care in healing phase can lead to poor results and the permanent makeup artist cannot be held liable.

## **Read & Initial**

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

- If I have any condition that might affect the healing of this tattoo, I will advise my tattooer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.

\_\_\_\_\_

- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any type of infection or rash anywhere on my body, I will advise my tattooer. \_\_\_\_\_

• I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible. \_\_\_\_\_

• I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.  
\_\_\_\_\_

• I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin. \_\_\_\_\_

• I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.  
\_\_\_\_\_

• I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo. \_\_\_\_\_

• I acknowledge I am over the age of eighteen and that I have truthfully represented to my tattooer that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure.  
\_\_\_\_\_

By signing this agreement, the client is informed and assumes liability

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Permanent Makeup Artist: \_\_\_\_\_

Procedure: \_\_\_\_\_

Pigment \_\_\_\_\_

Tool/ Needle \_\_\_\_\_