CONSENT FOR SERVICE OF PERMANENT COSMETICS

Name:_____ **Today's Date:**_____

Date of Birth:_____ **Gender:** *(Optional)*_____

Address:_____

_____

Phone: _____ **E-Mail:**_____

Emergency Contact *(Phone number & relation to you)***:**_____

PRE – TREATMENT INSTRUCTIONS FOR PROCEDURE

Do not take aspirin or other blood thinners at least 7 days prior to the procedure to prevent bleeding. Non – aspirin pain relievers may be taken up to one hour prior to the procedure.

Important Note: Do NOT discontinue any medications that are prescribed by a physician or which are necessary for your health! If you cannot discontinue use of these medications, you will need a note from your doctor to receive the procedure. Please see the full list of blood thinners to ensure you are not taking any.

- If you are pregnant or nursing, I am unable to perform this procedure.
- Please avoid any blood thinning medications 48 hours prior to your appointment: Vitamin E, Aspirin, Niacin, fish oil supplements, Ibuprofen, mult – vitamins, or any hair skin and nail supplements.
- No caffeine 24 hours prior to your appointment. This includes regular and decaf coffee, teas with caffeine, and soda.
- No alcohol 48 hours prior to your appointment.
- Do not work out the day of your appointment.
- Please discontinue the use of any AHA/BHA, acne, or anti-aging products 1 week prior to your appointment.
- Avoid facials 2 weeks prior to your appointment.
- No chemical peels or laser treatments 1 month prior to your appointment.
- Avoid sun exposure or sunbed tanning on your face 2 weeks prior to your appointment.

- Please be aware that you will be more sensitive during your menstrual cycle.

Allergic reaction can occur from anesthetics used during this procedure. We use a 5% lidocaine that is safe and FDA-approved. A reaction can be present as redness, swelling, rash, vlistering, dryness, or other possible symptoms.

Numbing: I want this to be a pleasant experience for you. Steps are taken to make you as comfortably numb as possible. Depending on the individual's skin and level of pain tolerance, some clients report the area to be completely numb, while other may experience some discomfort.

Upon request, a patch test may be performed prior to the permanent cosmetic service. It is possible that an individual may develop an allergy to a product over time.

I have read and fully understand the above information and any risks involved with the use of topical anesthetic and I therefore consent to the use of anesthetic for the permanent cosmetic procedure. I also agree that I have followed all pre – procedure instructions completely.

Signature: _____ Date:_____

I attest that I am not currently taking, nor have I taken any of the medications listed above in the past 7 days (see aspirin and blood thinner list)

Signature: _____ Date:_____

PLEASE READ EACH SECTION CAREFULLY AND INITIAL EACH SECTION

I hereby authorize Jackie Boylan, Microblading Artist, to perform the elective cosmetic pigmentation procedure understanding that this procedure is for cosmetic purposes only and not for health reasons. If any unforeseen conditions arise in the course of this procedure calling for her judgement for procedures in addition to, or, different from those not contemplated, I further request and authorize her to do whatever necessary in the circumstances. I am aware that NO GUARANTEES have been made to me concerning the results of the procedure(s). I am also fully aware that results vary for each individual.

Initial Here: _____

I also understand that the permanent skin pigmentation procedure carries with it the possible complications and consequences associated with this type of cosmetic procedure, which includes risk of infection, scarring, eye damage, inconsistent color, hemorrhage, and possible spreading, fanning, or fading of pigments and/or allergic reaction to any products used. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin.

Initial Here: _____

I understand that the pigment line being used for my microblading service is fully synthetic. There are no hidden ingredients or "blends". I understand that the pigment may contain small traces of nickel. Should you request to know the ingredients in the pigment line, please ask.

Initial Here: _____

I fully understand as with all such procedures that this is not a science but rather an art and that anything that can go wrong may go wrong. I request the permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure as well as the possible complications and consequences of the said procedure.

Initial Here: _____

For the purpose of documentation and the advancement of education, I consent to the admittance of observers and "before" and "after" photographs of said procedure(s). I also give my consent for the photos to be used for advertising purposes.

Initial Here: _____

I understand that permanent cosmetics or any other tattoo should be considered permanent: that it can only be removed with a surgical procedure, and that any effective removal may leave scarring. These procedures should not be performed on skin surfaces which have sunburn, rash, pimples, infection, open lesions, or other unhealthy conditions. Permanent cosmetic procedures will not be performed on anyone impaired by drugs, alcohol, or impaired in any other way.

Initial Here: _____

I understand that the use of acne treatments and anti-aging products including face wash, toners, and moisturizers with active ingredients such as Benzoyl Peroxide, will cause my permanent procedure to fade rapidly and change colors.

Initial Here: _____

I fully understand that there are no refunds and that if another session is recommended, it will be an additional cost as well as any manual or machine shading.

Initial Here: _____

I certify that I have read and fully understand the above consent for permanent cosmetic procedure; that the possible complications which may arise or result during or following the procedure are clearly stated and acceptable to me. The treatment is performed at my request according to this consent. I have read the pre-procedure form and post-procedure guidelines and fully understand and agree to the follow all instructions as explained.

Signature: _____ Date:_____

CLIENT MEDICAL HISTORY

Check if you have ever had an allergic reaction to any of the following:

- Lidocain
- Foods
- Metals
- Latex
- Glycerine
- Other Drugs
- Other
- None

If you selected any of the above options, please describe what type of allergic reaction you had:_____

_____

CONTRAINDICATIOS

Please select all that apply:

-
- Thyroid Issues
- Botox/Collagen Injection
- Keloid
- Bruise or Bleed Easily
- Healing Problems
- Chemical Peel
- Hyperpigmentation
- Other Dermalogical Disorder
- High Blood Pressure
- Other Clotting Disorders
- Hepatitis
- Autoimmune Disorders
- Currently on Blood Thinners or Anticoagulants such as Coumadin, Aspirin, Ibuprofen, etc.
- Accutane within the last year
- Use Retin-A
- Diabetes
- HIV
- Differin
- Fainting
- Hepatitis
- Under the influence of drugs or alcohol
- Herpes
- Thin Skin
- Under 18
- Epilepsy

- Psoriasis
- Pregnant/Nursing
- None

Please list all medications that you have taken within the last two weeks:

-
-
-
-
-
-
-
-

If you are currently under a physician's care for any condition, please describe:

_____

_____

The above medical history is true and correct to the best of my knowledge.

Signature: _____ Date:_____