LasheyLady Studio

Microblading

Agreement and Consent Form

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

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

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Provider (i.e.: AT&T, Verizon, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MICROBLADING PRE-PROCEDURE ADVICE:**

**Please read the following advice carefully and sign at the end.**

**Microblading procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place between 4-6 weeks after the initial procedure.**

* Please be aware that color intensity will be significantly darker and sharper immediately after the procedure. This will reduce by 30-50%.
* Although numbing cream is used during the procedure, slight sensitivity/ discomfort may still be felt by sensitive clients.
* Delicate or sensitive skin may be red and/or swollen after the procedure.
* Please wear your normal make-up to the salon on the day of your procedure.
* Please do not drink alcohol the night before your treatment.
* Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, Ginger, Cayenne, Cinnamon, Garlic, Horseradish, Mustard.
* Any brow shaping using wax should be performed at least 48 hrs. before the treatment.
* Electrolysis treatment should be undergone no less than 5 days before the treatment.
* AHA preparations should be undergone no less than 2 weeks before the treatment.
* Chemical, Laser Peel or Retin-A should not be used 6 weeks before the treatment.

**Topical Anesthetic Advice**

**Allergic reaction:** Can occur from any anesthetics used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.

**Numbness:** We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Everyone is different per skin type. Some clients report the area to be completely numb, while others may experience some discomfort.

**Procedure:** For Microblading procedure a numbing cream/gel is used. The products are formulated to be perfectly safe and can be purchased over the counter from any pharmacy/chemist. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment. Because of the treatment, combined with the use of the anesthetic you can expect to experience some redness/swelling that can last 1 – 4 days. You should always follow your post procedure advice/aftercare for the best results.

**Please Circle:**

Is this the first time you have had **Microblading**? Yes          No

Do you tint, wax or tweeze your **Brows**? Yes          No

Do you habitually rub, pull, or pick your **Eyebrows** for any reason? Yes          No

Do you have or are being treated for any illness or injury to the facial area? Yes          No

Do you scar easily? Yes          No

Do you bruise or bleed easily? Yes          No

Are you currently pregnant or nursing? Yes          No

Have you received chemotherapy or radiation in the past year? Yes          No

Have you ever had an allergic reaction to one of the following?

Lanolin \_\_ Latex Rubber \_\_ Vaseline \_\_ Medication \_\_ Metals \_\_ Hair Dyes \_\_ Foods \_\_ Lidocaine \_\_ Paints \_\_ Crayons \_\_ Glycerin \_

What are the main concerns relating to your eyebrows?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to improve?

(Think about shape, color, density and thickness of your perfect brow.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications you have been taking in the past six months. . .

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**I have read and fully understand the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the Microblading procedure.**

**I agree to follow pre-procedure advice closely.**

Clients Full Name: Clients Signature: Date:

Technician’s Full Name: Technician’s Signature: Date:

**Please check any possible contradictions that apply to you:**

Have you ever had one of the following?

\_\_ Anemia

\_\_ Sensitivity to cosmetics

\_\_ Herpes

\_\_ Allergies to metals

\_\_ Alopecia

\_\_ Thyroid Diseases

\_\_ Prolonged bleeding

\_\_ Allergies to Antibiotics

\_\_ Recent high fever or severe illness

\_\_ Iron Deficiency

\_\_ Cardiac Valve Disease

\_\_ Major surgery within the last 120 days

\_\_ Retinoids used to treat acne and skin problems {Such as Accutane or Retin-A}

\_\_ Anticoagulants, Beta Allergenic blockers used to control blood pressure

\_\_ Low blood pressure

\_\_ Artificial heart valves

\_\_ Diabetes

\_\_ Hemophilia

\_\_ Fainting spells or dizziness

\_\_ High blood pressure

\_\_ Liver Disease

\_\_ Circulatory Problems

\_\_ Epilepsies

\_\_ Thyroid Disturbances

\_\_ **HIV**

\_\_ Hair Loss

\_\_ Hepatitis

\_\_ Cancer

\_\_ Chemical or Laser peel within 6 weeks

\_\_ Hypertrophic scars

\_\_ Keloid scars

\_\_ Healing problems

\_\_ Fat injections, Botox injections, Collagen injections

How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ History of antibiotic use prior to dental or surgical procedures

If Yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following statements carefully**: Microblading is a way of cosmetic tattooing.

Re-touch procedures may be required. A healing period of 4 weeks is required before a touch up procedure can be performed. On a rare occasion the pigment may migrate under the skin.

Procedure of Microblading might be slightly uncomfortable. The pigments will fade. Immediately after the procedure, the pigment can appear **30-50% darker than the desired result**.

Allergic reactions too anesthetic or pigments can occur. Permanent cosmetics cannot be applied to pregnant women or nursing mothers.

Permanent cosmetics cannot be applied to any person under the age of 18. Infections can occur if after care instructions are not followed correctly.

There may be swelling and redness following the procure.

You may experience minor bleeding. If you have an MRI scan within 3 months after Microblading procure, you should notify/discuss this with your doctor.

Possible scaring may occur, but is extremely rare.

Tattoo Inks, dyes and pigments have not been approved by the Federal Food and Drug Administration. The health consequences of using these products are unknown

**I have received an aftercare leaflet and am fully aware of the aftercare procedures:**

**I am refusing a patch test:**

**I have fully understood the information provided above.**

**I can confirm that all the information provided by me, is above and truthful.**

**Client**

Print:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technician**

Print:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR THERAPIST USE:**

Note pigments, blades, lot or batch number and techniques to be used for this client:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Initial:

\_\_ I understand that it is my responsibility to be still during the entire procedure, until my technician addresses me to move.

\_\_ I agree to disclose any allergies that I may have to latex, surgical tapes.

\_\_ I agree that by reading and signing this form, I release Karli Allen and LasheyLady Studio from any claims or damages of any nature.

\_\_ I agree that I have read and fully understand this entire consent form.

\_\_ I am sound of mind and fully capable of executing this waver for myself.

\_\_ I give Karli Allen and LasheyLady Studio permission to show my before and after photos of service.

{Yes} {No}

\_\_ I acknowledge that I am 18 years or older.

\_\_ I agree to call and cancel my appointment at least 24 hours ahead of time, so the appointment may be available to someone else and I agree to forfeit my $100 deposit if I do not show up to my appointment.

\_\_ The technician will assess and decide if I am a candidate for this service to the best of their ability. No guarantees are made or implied.

\_\_ I have read and completed the General consent and Procedure Permit Form in its entirety, and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the treatment. I confirm and agree that I wish to engage the services of Karli Allen and LasheyLady Studio Artists.

**Client**

Print:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD SAFETY POLICY**

We love children and hope you understand; we will do our best to accommodate your circumstances however we cannot assure their safety in a professional environment. For safety reasons and insurance purposes a child under the age of 12 may be present, when accompanied by an adult while they are receiving a service. Your understanding is greatly appreciated

**CANCELLATION POLICY:**

A valid Visa or Master Card is required to secure your appointment. If you must cancel or reschedule your appointment, we ask that you do so 24 hours prior to your scheduled appointment. This allows us to open the spot for someone on our waitlist. If you cannot provide this amount of notice, you will forfeit your $100 deposit.

Client Name

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Consent and Procedure Permit Form:**

Please read this form fully and sign at the end. If you are unsure about a detail of the form, please speak to your technician.

If an unforeseen condition arises during the Microblading procedure, I authorize my technician to use his/her professional judgment to decide what his/she is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the Microblading procedure as agreed during consultation. I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit. I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.

The result of the procedure is determined by the following; medication, skin characteristics, personal pH balance of your skin, alcohol intake and smoking, post procedure after care. Upon completion of the procedure there might be welling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume your normal activates following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after car card for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional make-up on the affected area.

I have been advised that the true color will be seen 1 month after each procedure, and that the pigments may vary per skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. I can confirm that I have received a copy of the aftercare details. Being of sound mind and body, I hereby release all responsibility. I accept all responsibility myself tor any consequences that might stem from my decision to have Microblading procedure performed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I certify that I have read and fully understand the above consent and procedure permit; that the explanations therein referred to were made and accept full responsibility for these and or other complications which may arise or result during or following the Microblading procedure. The treatment is performed at my request per this consent, pre-procedure for and post procedure guidelines.**

**Client**

Print:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technician**

Print:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_