

THERABEAUTIC

BEAUTY * SKINCARE



MICROBLADING CONSENT FORM

I, _____ am over the age of 18, am not under the influence of drugs or alcohol. Am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure, has been explained to me.

- * If an unforeseen condition arises during the procedure, I authorize my therapist to use her professional judgement to decide what she feels is necessary under given circumstances. I accept the responsibility for determining the colour, shape and the position of the Microblading procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a 6-18-month period. Even when colour 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 result and that 100% success cannot be guaranteed during the first procedure. I understand that I may not have to return for a repeated procedure.
- * The result of the procedure can be affected by the following: medication, Skin types (dry, oily, sun-damaged and thick or thin skin types of all tones), personal pH balance of your skin, alcohol intake and smoking and post procedure after care.
- * I understand that with oily skin, strokes can heal less crisp, expand and/or blurry and may result in a powder-brow effect.
- * Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising might occur. You may resume normal activities following the procedure, however using cosmetics, perspiration, exposure to the sun and swimming should be avoided until skin is fully healed. Please see after care instruction for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brows.
- * I have been advised that the true colour will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin types, age and skin condition. I understand that some skin types and tones accept pigment more readily and no guarantee on exact colour can be given.
- * To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well-being as a direct result or indirect result of my decision to have the procedure done at this time.
- * I agree to follow the pre- and post- procedure instructions as provided and explained to me by my technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of the after-care details.

THE RABEAUTIC

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MICROBLADING

I have been informed of the nature, risks and possible complications and consequences of permanent skin pigmentation. I understand that the semi-permanent pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent colour, spreading, fanning or fading of pigments. I understand that the actual colour of the pigment might be modified slightly, due to the tone and colour of my skin. I understand that this is a tattoo procedure and therefore not an exact science but an art. I request the semi-permanent skin pigmentation procedure and accept the permanence as well as possible complications and consequences of the said procedure _____ (initial)

There is a possibility of an allergic reaction to numbing agents and/or pigments. A patch test is offered however it does not ensure a client will not have an allergic reaction. I waived, I release the technician from liability if I develop an allergic reaction to the pigment. **Patch test must be booked at least one week prior to the procedure!**

Initial one or the other, but not both:

I consent _____(initial) to patch test OR I waive _____ (initial) the patch test.

I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin procedures, it may result in adverse changes to my Microblading procedure. I acknowledge some of these potential adverse changes might not be reversible or correctable. _____ (initial)

I certify that I have read and initialled the above paragraphs and have had explained to my understanding the consent and the procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I, _____, give Marina Aspinall of Therabeautic permission to perform my Microblading procedure.

Client's Name: _____

Signature: _____

Date: _____

Technician's Signature: _____

Date: _____