



Microblading Consent & Release

Name: _____ Date: ____/____/____

Address: _____ Birthdate: ____/____/____

Email: _____ Phone: _____

How did you hear about us? ☐ Social: _____ ☐ Friend: _____ ☐ Other: _____

Procedure Acknowledgments and Risks

ANESTHESIA: Topical anesthetics are used to numb the target area. Lidocaine, Prilocaine, Benzocaine, Tetracaine, Epinephrine, etc. in a cream or gel are typically used. Please let us know if you have any of these drug allergies. If yes, list:

_____ **PAIN:** Even after topical anesthetic has been used, there can be some discomfort/pain. Anesthetics' effectiveness will depend on each person.

ALLERGIC REACTION: There is a small chance of an allergic reaction. You may choose to take a 5-7-day patch test. If you choose to waive the patch test, initial here _____

EXCESSIVE SWELLING/ BRUISING: Some individuals bruise more easily than others. Ice packs will reduce swelling, typically lasting 2-5 days. Some people do not experience any swelling or bruising.

INFECTION: Although unusual, infection can occur. The affected area must be kept clean and hands must be washed prior to touching. See "After Care Instructions" for more details.

ASYMMETRY: Every effort is made to make brows as symmetrical as possible, but faces are not symmetrical. Adjustments may be necessary to correct any appearance of unevenness.

UNEVEN PIGMENTATION: This can result from poor healing, infection, bleeding or multiple other causes. Your touch-up appointment(s) will help correct uneven areas.

MRI: Pigments used in permanent cosmetic procedures may contain inert oxides. This may require a low-level magnet when getting an MRI scan. You must inform medical personnel about your cosmetic tattoo.

I understand all the above is a possible risk with any and all cosmetic tattooing and there are no guarantees. This is a consent and release for procedures performed at SV Brow Design, LLC by the Technician.

Client Signature: _____ Age: _____ Date: _____

Parent / Guardian (if under 18 years): _____ Date: _____

***Note: Your privacy is important to us. We will not sell or share your personal information with third parties, unless required by law.**



Microblading Consent & Release

*Please Initial

_____ I understand that this process involves pigment being inserted into the epidermis (superficial layer) and is a form of tattooing. This is effective in most cases, but there is no guarantee that a specific client will benefit from the procedure.

_____ I'm informed that all instruments that enter the skin or come in contact with body fluids are disposable and are disposed of after use. Cross contamination guidelines are strictly adhered to.

_____ I am informed of potentially harmful or negative side effects that may be caused by this process, and release the Microblading Technician from all liability associated with this procedure. If I have any questions, I will contact the Technician.

_____ I understand that the color will initially appear darker, compared to the end result. The color will fade 40-50% within a week and will soften/look more natural over time. Another touch-up will likely be needed within 6-18 months. Please note that color may fade faster on oily skin.

_____ During the first 14 days after the procedure, while the treated area is healing, I understand that following the Pre/ Post Care instructions is very important. A copy has been given to me, which I will follow to the best of my ability.

_____ I understand that Retin-A®, Renova®, Tretinoin, Alpha Hydroxy and Glycolic acids must not be used on the treated areas. These products may alter the color.

_____ I understand that tanning beds, sunbathing, pools, some skin care products and medications can affect the results.

_____ I understand that generally, results are excellent. However, a perfect result is not realistic, and a touch-up within 1-3 months is necessary to achieve the best results.

Policies and Cancellations

_____ I have been quoted the cost of today's appointment \$_____. There will be no refunds for this elective procedure. A non-refundable deposit of \$_____ is required for booking.

_____ If I need to cancel my appointment, I will give a 2 week notice and my \$_____ will be held for my rescheduled appointment. I will forfeit my deposit (\$_____) if I give less than a 2 week notice.

_____ I accept and agree that if I am more than 15 minutes late to an appointment I will forfeit my deposit of \$_____ and a new deposit will have to be given to schedule another appointment.

_____ I give permission to SV Brow Design, LLC to show my before and after photos and/or videos to other potential clients (e.g. Facebook, Instagram, company website, etc.) Please mark: ☐ Yes ☐ No

_____ I accept the responsibility for my explanation of desired color/shape/placement and understand this form is designed to give me the information needed to make an informed choice to undergo the procedure at SV Brow Design, LLC.

_____ I understand the risks associated with permanent makeup procedures, are: Fading, Fanning, Spreading OR pigment may migrate and agree to engage the services of the Microblading Technician.

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Client Signature: _____ Age: _____ Date: _____

Parent / Guardian (if under 18 years): _____ Date: _____