



**Debbie Walters Permanent Makeup Microblading Consent**

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

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

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

DOB: \_\_\_\_\_

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

Phone# \_\_\_\_\_

How did you hear about us \_\_\_\_\_ Social Media Friend \_\_\_\_\_ Other \_\_\_\_\_

**Do you have any of the following conditions?**

Allergies \_\_\_\_\_ Keloids \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Scarring ----- Hepatitis \_\_\_\_\_ Fainting \_\_\_\_\_ Epilepsy \_\_\_\_\_

HIV \_\_\_\_\_ Autoimmune Disease \_\_\_\_\_ Blood Thinners \_\_\_\_\_

Heart Problems \_\_\_\_\_ Skin Problems \_\_\_\_\_

If yes please explain: \_\_\_\_\_

Which service are we performing? Eyeliner \_\_\_\_\_ Brows \_\_\_\_\_ Lips \_\_\_\_\_

Are you currently under the care of a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you take any medications Yes \_\_\_\_\_ No \_\_\_\_\_

List \_\_\_\_\_

Are you pregnant or nursing? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any known allergies? Yes ----- No \_\_\_\_\_

I release my photos for marketing purposes Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_ I acknowledge by signing this agreement that I have given the full opportunity to ask any questions which I might have about the microblade procedure.

\_\_\_ I acknowledge that I have truthfully represented that I am over the age of eighteen (18) years old, and the following information is true and correct.

\_\_\_ I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event I do not take proper care of the area of the procedure. I agree to follow all instructions concerning the care of the eyebrows while they are healing.

\_\_\_ I agree to release, forever discharge or hold harmless **Debbie Walters** and **20!20 Vision** from any and all claims, damages, or legal actions arising that are connected to the eyebrow procedure or the healing process or results.

\_\_\_ I have read the Pre-care instructions & guidelines for application form and understand what would not qualify myself from having a microblade procedure done. I have also read the pre-care instructions and I understand them and I have no questions.

**This is complete and accurate as to my medical history**

### **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 (\$100) is required for booking. This will be put towards the total cost of the procedure.

\_\_\_ If I need to cancel my appointment, I will give a 24-hour notice and my \$100 will be held for my rescheduled appointment. I will forfeit my deposit (\$100) if I no-show or give less than a 24-hour notice.

\_\_\_ I give permission to **Debbie Walters, Permanent Makeup Artist** at "**Beneath the Surface**", and "**Columbia Microblading**", to show my before and after photo and/ or videos to clients (e.g. Facebook, Instagram, etc.) **Please Mark:** Yes \_\_\_ No \_\_\_

### **Procedure Acknowledgment 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: \_\_\_\_\_

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

**EXCESSIVE SWELLING/BRUISING:** Some individuals bruise more easily than others. Ice packs will reduce swelling, typically lasting 2-5 days. **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.

**COSMETIC TATTOO:** Any form of tattooing should be considered permanent, being that it can only be removed with a surgical procedure. Any effective removal may leave permanent scarring and disfigurement.

**MICROBLADING NOT RECOMMENDED:** If Pregnant, on thyroid medication, Diabetic or undergoing Chemotherapy (consult your doctor), Epileptic, Pacemaker or major heart problems, organ transplant, skin irritations, psoriasis, eczema, rashes, sunburn, sick.

**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 by Debbie Walters, Permanent Makeup Artist.**

**Client Signature:** \_\_\_\_\_

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