Text

Description automatically generated

CONSENT AND RELEASE AGREEMENT FOR

Powder brow

This form provides information to assist in making an informed decision of whether or not to undergo a permanent cosmetics application. If you have questions, please don‘t hesitate to ask.

Although permanent cosmetic tattooing is effective in most cases, there are biological factors specific to any individual client that are beyond our artist’s control. Every effort will be made to ensure optimal results; however, no guarantee can be made that a specific look or outcome will result from the procedure.

During the permanent cosmetics procedure pigment is deposited into the dermal layer of the skin and is a form of tattooing.

All instruments that enter the skin or encounter body fluids are sealed and sterilized before use and disposed of after use. Cross contamination and bloodborne pathogen guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation after an initial application.  It is usual to expect a touch-up after the healing is completed. We recommend two sessions to achieve optimal desired results. However, in certain cases subsequent sessions may be needed in which case any corresponding fees will apply.

Initially the color will appear much more vibrant and/or darker compared to the result.  Usually, within 5-7 days the color will shrink about 25% in size and the color will soften about 40-50%. The pigment will fade naturally over time and will likely need to be touched-up through the years.

POSSIBLE RISKS, HAZARDS, OR COMPLICATIONS

• Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.

• Infection: Infection is very unusual but can occur. The areas treated must be kept clean and only freshly cleaned hands should touch the areas.  See “After Care” sheet for instructions on care.

• Uneven Pigmentation: This can result from poor healing, infection, bleeding or many other causes.  The follow up appointment can help correct any uneven appearance.

• Allergic Reaction:  If there is any concern for an allergic reaction to pigments, a patch test can be done. However, if an allergic reaction to occur, it may not show up for a long period of time, making the patch test inconclusive.

• Asymmetry: Every effort will be made to avoid asymmetry; however, anatomical facial features may not be symmetrical. Adjustments may be needed during the follow up session to correct any unevenness.

• Excessive Swelling: Clients with sensitive skin are more prone to swelling. This should dissipate within 24 hours.

• Acne prone: If acne is present on the forehead area, the brows may not heal correctly. If acne is a consistent issue, please consider having permanent micro pigmentation done is not in your best interest.

• Anesthesia: Topical anesthetics are used to numb the area to be tattooed.  Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform us now.

• MRI: Because pigments used in permanent cosmetic procedures contain inert oxides, a low-level magnet may be required if you need to be scanned by an MRI machine. You must inform your technician of any tattoos or permanent cosmetics.

CLIENT MEDICAL HISTORY FORM

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please respond yes or no to the following questions

Do you have any bloodborne pathogen diseases including but not limited to: MRSA, Aids/HIV, Hepatitis(A,B,C,D) \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes \* \_\_\_\_\_\_\_\_\_\_\_\_\_

Hemophilia or any bleeding disorder \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herpes \*\_\_\_\_\_\_\_\_\_\_

Serious Heart Condition, cardiac valve disease \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently Pregnant \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Autoimmune Disorder \*\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had cancer within the last year \*

Botox within 6 months \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any surgeries including, blepharoplasty (Eyelid surgery), and Forehead/Brow lift? \*\_\_\_\_\_\_\_\_\_\_\_\_

Eye surgery/ injury/Lasik eye surgery within 1 year \*\_\_\_\_\_\_\_\_\_\_\_\_

Accutane or prescription acne treatment within the last year \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, ect. \*\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to metals, food, latex, antibiotics. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of medication use or currently using medication, including being prescribed antibiotics prior to dental or surgical procedures. \*\_\_\_\_\_\_\_\_\_\_\_\_

History of medication use or currently using medication, including being prescribed antibiotics prior to dental or surgical procedures. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFTERCARE

After care is very important for producing a beautiful and lasting result.

• Keep the area clean by washing with freshly washed hands and a mild soap. Do not use a washcloth or sponge to remove soap. Simply splash with water. Do not use cleansing creams, acne cleansers or astringents. Use a mild, natural soap.

• Apply the aftercare ointment with a Q-tip. Use the ointment very sparingly. We prefer a “chapstick” amount vs. a “lipgloss” amount. Wipe off excess ointment with a clean Q-tip.. Never touch the procedure area without washing your hands immediately before.

• Do not scrub, rub or pick at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out.

• After the 7 days healing period, always use a sun block after the procedure area is healed to protect from sun fading. Maintaining proper skin care is suggested to help keep your brows as vibrant and fresh as possible. This means cleansing, exfoliating, and moisturizing the brow area is recommended.

• If you have any signs and symptoms of infections we advise for you to seek medical care. These include but are not limited to: redness, swelling, tenderness of the procedure site, red streak going from procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.

WHAT’S NORMAL?

• **Swelling, itching, scabbing, light bruising and dry tightness**. Ice packs are a nice relief for swelling and bruising. Aftercare balm is nice for scabbing and tightness.

• **Too dark and slightly uneven appearance.**After 3-7 days the darkness will fade and once swelling dissipates unevenness usually disappears. The follow-up touch up is highly recommended as any concerns can be addressed.

• **Color change or color loss.**As the procedure area heals the color will lighten and sometimes seem to disappear. This is normal. The procedure area has to be completely healed before we can address any concerns. This takes at least four weeks.

• **Needing a touch up months or years later.**A followup touch up is recommended 6-9 weeks after the initial appointment. Thereafter maintenance may be needed every 12-18 months to keep the shape symmetrical and the color refreshed.

Failure to follow after care instructions may result in infections, pigment loss or discoloration.

STATEMENT OF CONSENT AND RECITALS:  
*PLEASE READ AND Respond Yes or Y*

I acknowledge I am age 18 or older \* \_\_\_\_\_\_\_\_\_

I will tell all skin care professionals or medical personnel about my permanent makeup procedures. I understand that any skin treatments i.e. Retin A, Renova, Alpha Hydroxy and Glycolic Acids, laser hair removal, plastic surgery, or other skin altering procedures may result in adverse changes to my permanent makeup. I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup. \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that successful color saturation can NOT be guaranteed. I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection, poor color retention and hyper-pigmentation. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I accept the responsibility of explaining to you my desire for specific colors, shape, and position for any procedure done today. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All follow up sessions must be completed no later than 9 weeks from initial session. Failure to make this appointment will incur additional costs corresponding to the amount of time that has passed since the initial session.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that implanted pigment color can slightly change in color or in shape and fade over time due to circumstances beyond my artist control. I will need to maintain my desired results with future applications at my own expense. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I have any signs and symptoms of infections I will seek medical care. These include but are not limited to: redness, swelling, tenderness of the procedure site, red streak going from procedure site towards the heart, elevated temperature, or purulent drainage from the procedure site. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission to The Haven, to take and use: photographs and/or digital images of me for use in news releases, educational materials and/or social media platforms including but not limited to Instagram, Facebook, and Pinterest. If no photo please inform your artist. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that this procedure may alter my appearance and that no representations have been made to me as to remove my permanent makeup. To my knowledge I do not have a physical, mental, medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have permanent makeup. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge it is not reasonably possible for my technician to determine whether I might have an ALLERGIC reaction to the pigments, anesthetic or ointment used in this process. I agree to forego a patch test and accept the risk that such reaction is possible. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and that the health consequences of using these products are unknown. \*\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read all the Precare/Aftercare guidelines and acknowledge that Aftercare instructions are available at The Haven. I agree to follow them to the best of my ability. I agree that any touch up work needed, will be done at my own expense. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the restrictions on physical activities such as sunbathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have read or have had read to me the contents of this whole form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me. \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_