

## MICROBLADING CONFIDENTIAL INTAKE FORM

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How Did You Hear About Us? Please Check Below

Walk In    Google    Mailer    Facebook    Friend/Family

Refer a Friend: Please state the name of your referral. They will receive a \$5 gift card.

Have you received a Microblading Service before at RejuvePod or another salon?

Yes    No

### Consent and Release Agreement

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow, Microblading, semi-permanent makeup application. If you have any questions, please don't hesitate to ask.

Although 3D Eyebrow Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure

This is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though semi-permanent.

All instruments that enter the skin or come in contact with body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch-Ups are likely needed within 6 months to 2 years.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). 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, and I authorize RejuvePod to perform Microblading on my body as desired today.

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

## Statement of Consent and Recitals

Please read and initial all lines

\_\_\_\_ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email RejuvePod.

\_\_\_\_ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

\_\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

\_\_\_\_ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

\_\_\_\_ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

\_\_\_\_ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

\_\_\_\_ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

\_\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session within 60 days.

\_\_\_\_ I acknowledge that the proposed procedures(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

\_\_\_\_ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Touch-ups must be completed within 30-45 days of initial procedure.

\_\_\_\_ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-ups must be completed within 30-45 days of initial procedure to be considered a touch-up service.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). 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, and I authorize *RejuvePod* to perform Microblading on my body the 3D Eyebrow Microstroking procedure desired today.

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

## Photography Release Consent

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

**Yes**, feel free to use them **No**, please do not use them

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

## 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 on others.
- **Infection:** Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See "After Care" sheet for instruction on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.
- **Asymmetry:** Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.
- **Excessive Swelling or Bruising:** Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don't bruise or swell at all.
- **Anesthetics:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me 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 MRI Technician of any tattoos or permanent cosmetics. **The alternative to these possibilities is to use traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow procedure.** Consent and release for procedures performed:

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

## Do you have or previously had any of the following (Circle YES or No)

- YES NO History of MRSA
  - YES NO Diabetes
  - YES NO Hepatitis A B C D
  - YES NO Autoimmune disorder
  - YES NO Botox (Last treatment\_\_\_\_\_)
  - YES NO Forehead / Brow Lift / Facelift
  - YES NO Easy Bleeding
  - YES NO Alcoholism
  - YES NO Abnormal Heart Condition
  - YES NO Take medication before dental work
  - YES NO Difficulty numbing with dental work
  - YES NO Currently Pregnant or Breastfeeding
  - YES NO Brow Lash Tinting
  - YES NO Oily Skin
  - YES NO Tumors/ Growth/ Cysts
  - YES NO Cancer (Year\_\_\_\_\_)
  - YES NO Chemotherapy/ Radiation
  - YES NO Accutane or acne treatment
  - YES NO Chemical Peel (Last Treatment\_\_\_\_\_)
  - YES NO Tan by booth or salon
- (continued on page 4)**

