

CONSENT FOR MICROBLADING (EYEBROW TATTOO)

Name:		
Address:		
Phone:		
Birth Date:		
Age:		
Sex: M / F		
Wizard of Brows is obligated to perform procedures in strict complia health protection measures. This information is confidential and it sh way. Wizard of Brows assumes no liability in case of giving false infor	nall also be hand	
HEALTH QUESTIONNAIRE		
In order to perform the eyebrow tattoo procedure in a safe manner, phealth questions truthfully.	olease answer th	ne following
Do you suffer from the following diseases or are you taking any of th	ese medications	?
Check YES or NO:	YES	NO
Hemophilia		
Diabetes mellitus (diabetes)		
Hepatitis A, B, C, D, E, F		
HIV+		

Skin diseases	
Eczema	
Allergies (for what if yes)	
Autoimmune diseases	
Are you prone to herpes?	
Infectious diseases / high fever	
Epilepsy	
Cardiovascular problems	
Are you taking medication for blood thinning? (which if yes)	
Are you pregnant or nursing?	
Are you taking any medications on daily basis? (which if yes)	
Do you have a pacemaker?	
Do you have problems with healing of wounds?	
Have you consumed drugs or alcohol in the last 24 hours?	
Did you undergo any surgery in the last 14 days?	
Were you exposed to radiation or had any other medical interventions?	

CONTRACTUAL OBLIGATIONS

I agree on photo taking of EYE AND EYEBROW REGION ONLY and using the photos for advertising and training purposes. YES / ${
m NO}$

The following risks are specifically explained to the client:

During the procedure despite the staff expertise and all the precautionary measures, injury i
possible. Despite the application of the most advanced and the top quality pigments, allergic
reaction is possible but rare. The client is informed about this and he/she assumes liability.
(initial)

During and after the procedure temporary swelling, redness and/or itching may occur(initial)
Depending on the skin structure after the first treatment small scabs with a loss of drawn hairs may occur and color intensity may change (initial)
In the first seven days' eyebrows are up to 40% darker and 10-15% thicker. Color <i>i.e.</i> color reflection depends on the natural skin pigment (initial)
The pigment is absorbed differently due to differences in the skin quality, thus there is no warranty for the treatment success (initial)
The shape is determined according to the face proportions (initial)
Depending on the skin structure it should be noted that change in the color intensity is possible and that one or more additional treatments will be required (initial)
The minimum or maximum duration of microblading or permanent makeup procedures cannot be determined with certainty, nor can the warranty be given on performed treatment(initial)
Any touch ups fees may apply for future appointments if touch ups are desired. If most of the color has faded, then this will not be considered a touch up and all fees for a new service may apply. Touch ups are usually performed after 6-8 weeks. For oily skin it may be necessary to perform more corrections (initial)
Permanent make-up always leads to the skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate care in healing phase of the skin can lead to poor results and Wizard of Brows cannot be liable for it (initial)
Permanent Makeup is an art and not science. Client's result will vary and using a makeup pencil or brow powder may still be needed.
In the next 10 days the client is required to pay attention to the following:
Keep your eyebrows dry and clean for the next 10 days (initial)
Do not contact with water. The thick crust will appear in case you will and all the pigment will fade (initial)
Do not touch the scab in any other case except while cleaning (initial)
For post-treatment care use only recommended liquids to clean the brows (Sterile Water the first day only). (initial)

If skin is oily or sweaty make sure you clean the skin when necessary (Witch Hazel if necessary (initial)
Please do not use any other creams except the ones provided our recommended to you in order to prevent possible infections or allergic reactions (initial)
In the first two weeks after the treatment avoid swimming pools, sun bathing, tanning beds (not sun or tanning for 30 days), sauna, beauty treatments and intense training accompanied by sweating (sport activities), contact with dirt and dust (initial)
Wizard of Brows is not liable in case of improper post-treatment care (initial)
Absolutely NO refunds after any services will be given (initial)
I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE (initial)
I confirm that I have read and understood the above mentioned information (initia
I received a clear and understandable response to all my questions (initial)
The treatment procedure and post-treatment care was explained to me in detail and I agree with it (initial)
After Care instructions to take home were given me (initial)
Client Signature Date: