

# InkArchBrows

Name (first, last): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
How did you hear about us: \_\_\_\_\_

**Procedure to be performed:** Ombre Powder Brows is an eyebrow tattoo procedure that produces a powder shaded look that is darker at the tail and lighter in the front.

I acknowledge by signing this release that I have been given the opportunity to ask all questions I might have about obtaining permanent make up from (Technician) name: \_\_\_\_\_ and that all my questions have been answered.

**(Initial at each Line) I Acknowledge that I have been advised of the matters set forth below and agree as follows.**

\_\_\_\_\_ I certify that I am over 18 years of age and I have a government ID to prove it. I acknowledge that obtaining permanent makeup is my choice alone. I understand that the application of permanent makeup will result in a permanent change to my appearance.

## Medical History

Please complete the following question to provide you with the most appropriate treatment. All information provided is strictly confidential. If you have any serious medical issues, you may be declined for permanent eyebrow services. A medical Clearance may be required from your primary care provider before moving forward.

Do you have any health condition/Problem: Yes \_\_\_ No \_\_\_

If yes please List: \_\_\_\_\_

Do you have any Bloodborne pathogen disease including but not limited to HIV/AIDS. Hepatitis? Yes \_\_\_ No \_\_\_

If yes please List: \_\_\_\_\_

Do you have Diabetes? Yes \_\_\_ No \_\_\_

Do you have a bleeding disorder? Yes \_\_\_ No \_\_\_

If yes please List: \_\_\_\_\_

Do you have allergies? Yes \_\_\_ No \_\_\_

if yes please List: \_\_\_\_\_

In the last 4 weeks have you had any Botox procedures near the site: Yes \_\_\_ No \_\_\_

Are you currently on any blood thinner? Yes \_\_\_ No \_\_\_

If yes, please List: \_\_\_\_\_

\_\_\_\_\_ I certify that I have informed my technician of all possible health and skin conditions I may have, including but not limited to pregnancy, breastfeeding, diabetes, history of herpes infection on the procedure site, allergy reaction, latex, or antibiotics, including being prescribed antibiotics prior to dental and surgical procedure.

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\_\_\_\_\_I acknowledge that infection, although rare, is always possible because of permanent makeup application and I agree to follow all suggested procedure instructions concerning the care of the permanent makeup site while it is in the healing process- which are listed below. Signs and symptoms of infection include but are not limited to redness, swelling, tenderness of site, red streaks going from the procedure site toward heart, elevated temperature, or purulent drainage from the procedure site. I understand that if signs of infection occur, I will seek medical attention.

## Post-Procedure after care

- Brows take four weeks to fully heal.
- Scabbing will occur and it will last 7-14 days, do not pick, pull, or scratch it.
- Avoid water contact and sweating in the procedure area for 7 days.
- Apply rice A&D Ointment on the 3rd day twice daily until the scab has fallen off.
- Avoid sun exposure for 4 weeks!
- For 4 weeks the healing process avoids recreational water activities, gardening and contact with animals.

\_\_\_\_\_I acknowledge that a permanent makeup site usually takes 4 weeks or longer to heal and that every procedure requires 2 sessions, at least 4 weeks apart, to achieve the desired look.

\_\_\_\_\_I acknowledge that the result of my permanent makeup service varies on several factors such as skin type, aftercare, skin care, sun exposure, etc. and that it is my responsibility to follow the after care provided for the best possible result. I have received pre and post Procedure instruction and will strictly adhere to such instruction. Failure to do so may jeopardize my chances of a successful procedure and healing results.

\_\_\_\_\_I agree to release and forever discharge, and hold harmless, the technician, all employees, contractors, and the management of the permanent makeup studio from all claims of negligence, damages or legal actions arising from or connected in any way with my tattoo, procedure, and conduct used in my tattoo and I assume all responsibility for the decision made concerning to this permanent procedure.

\_\_\_\_\_I acknowledge and give consent to this permanent makeup studio to use images of my tattoos for marketing and publishing purposes in various media. I consent to allowing photos and videos taken of me before, during and after the procedure.

\_\_\_\_\_I acknowledge that the technician has the right to refuse service to any client who he/she deems unfit for the procedure. I acknowledge InkArchBrows policies and agree to adhere to all company and appointment policies.

I certify that I have read and fully understand the content of this form. I understand that this consent applies to all my future appointments/ procedures. I understand the risk inherent in the procedure and have possibilities of complications during and after following the procedure such as infection, misplaced pigment, poor color retention, and hyperpigmentation. I authorize the technician as my permanent cosmetic technician to perform on my body.

**Print Name:** \_\_\_\_\_

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