

Boise Microblading and Lashes

Treatment: Microblading Statement of Consent

_____ Aftercare instructions have been explained to me which I will follow to the best of my ability. If I have questions, I will call or email you.

_____ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and flakiness 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 treatment.

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

_____ I understand that I will need to maintain the color with future applications and a touch-up session within 4-6 weeks.

_____ I acknowledge that the proposed procedures 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 hyperpigmentation.

_____ 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.

_____ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-ups must be completed within 6 weeks of initial procedure or an additional cost may apply.

_____ I have truthfully represented to the Technician that I am 18 years of age or older.

_____ I agree to release and forever discharge, the Technician and the management of the salon from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my microblading service, and assume all responsibility for the decision made consenting to this procedure.

_____ I am not pregnant or nursing.

_____ I understand that there is no refunds available for this 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 Boise Microblading and Lashes LLC, as my eyebrow microblading technician to perform on my body the Microblading procedure desired today.

Print Name _____

Signature _____

Date _____