

Disclosure & Consent for Procedure

Please read and completely fill the following information carefully

Name

Email

Phone Number

1. I have made an informed decision, and fully consent to undergo this permanent cosmetic procedure. *

Agree Disagree

2. I understand that the shape/color for my procedure will be determined during the consultation, and that the technician will not begin the procedure until she and I are both satisfied with the shape. *

Agree Disagree

3. I understand that my technician will choose pigments based on the desired healed results, but I will ultimately approve of the choice made.

*Agree Disagree

4. I understand that there is no way to predict with 100% accuracy how the pigments will appear once fully healed, as skin texture, tone, etc. play a large role in the overall appearance of the healed results. *

Agree Disagree

5. I understand that no guarantees can be made as to the final results, as my technician cannot control how my skin heals. *

Agree Disagree

6. I understand that semi-permanent makeup is an art form, not a science, and that while the purpose of the procedure is to enhance my natural beauty, perfection is not guaranteed. *

Agree Disagree

7. I acknowledge the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate allergic reaction to pigment, however, spot testing does not identify individuals who may have a delayed reaction to pigment. *

Agree Disagree

8. I agree to (choose one) RECEIVE / WAIVE a spot test prior to my appointment and agree to release my technician, The Microblading Beautique, assistants, and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments. Should you choose to receive it you must schedule a spot test appointment at least 48 hours prior to your appointment. *

Waive Receive

9. I understand that allergic reactions to pigment are very rare, however, they can and do occur and when they occur they can be serious and especially difficult and very troublesome to treat.

Agree Disagree

10. I understand that this procedure will involve some level of pain and discomfort. *

Agree Disagree

11. I am not currently pregnant or nursing. *

Agree Disagree

12. I understand that the markings are permanent and that there is a possibility of hyperpigmentation or hypopigmentation resulting from a procedure, especially in individuals prone to hyperpigmentation or hypopigmentation from a scars or injuries. *

Agree Disagree

13. I understand that the description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure. *

Agree Disagree

14. I understand that I cannot have a tan/sunburn 30 days prior or after the procedure, and if I do have a sunburn/tan on my face the technician will have to cancel my appointment and forfeit my deposit. *

Agree Disagree

15. I understand that risks involved with the procedure may include, but are not limited to: infections, allergic and other reactions to applied pigments, allergic and other reactions to products applied during/after the procedure, fanning or spreading of pigment (pigment migration), fading of color and other unknown risks. *

Agree Disagree

16. I accept full responsibility for any and all, present and future, medical treatment(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me. *

Agree Disagree

17. I have been given an opportunity to ask questions about the procedure and the risks and hazards involved and I attest that I have sufficient information to give this informed consent. *

Agree Disagree

18. I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify my technician at The Microblading Beautique and I further agree that any controversy or claim arising out of or relating to this consent and/or any signed contract between myself and the technician or the breach thereof, shall be settled by arbitration in the state of Illinois in accordance with the Rules of the American Arbitration Association and the judgement of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. *

Agree Disagree

19. I understand that if I have an infection, adverse reaction, or allergic reaction to the procedure, I must notify the technician, a health care practitioner, and the Indiana Department of Health, Drug and Medical Devices Division *

Agree Disagree

20. I acknowledge that I have access to the Post Procedure Instructions on this website. I further acknowledge that I understand the Post Procedure Instructions completely and will follow said instructions in their entirety. *

Agree Disagree

21. I understand that a follow up procedure 6-12 weeks after my initial procedure is recommended to achieve desired results. *

Agree Disagree

22. I understand that additional procedures beyond the follow up session, although not common, may be required to obtain the desired results. I also understand that additional session will incur a fee. *

Agree Disagree

23. I understand that my deposit is non-refundable, and that no refunds are issued after the procedure is completed for any reason whatsoever. *

Agree Disagree

24. I hereby authorize the technician to take photographs of the work performed both before and after treatment (this is one of our requirements to have record of your brow transformation) AND I further authorize the use of said photographs to be used for the purpose of social media, and our website (if you have special requests you can state them at your appointment, such as, post brows only ect.) *

Agree Disagree

Signature: _____ Date: _____