



### Pre Procedure Advice – 6D Microblading

Please read the following advice carefully and sign at the end

- Please wear your normal makeup on the day of your procedure.
- Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure
- Please do not drink alcohol 24 hours prior to the treatment.
- No electrolysis for at least 5 days before the procedure
- Botox, AHA products and retinoid should be avoided for 2 weeks prior to the procedure
- Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure
- Chemical and laser peels should be avoided no less than 6 weeks prior to procedure
- An allergy patch test will be performed, unless waived by client.
- Although numbing cream is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red and/or swollen after the procedure.
- Please be aware that color intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the color will reduce by 30-50%.
- Microblading procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place 1 to 2 months after the initial procedure. Those with oily skin may require an additional touch up.

#### Topical Anesthetic Advice

- **Procedure:** A topical anesthetic containing lidocaine is used. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment.
- **Allergic reaction** can occur from any anesthetics used during the procedure. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.
- **Numbness** - Some clients report the area to be completely numb, while others may experience some discomfort

#### Contraindications for Microblading

- Pregnancy/Nursing
- Compromised skin near brow area
- Chemotherapy/Radiation

The following conditions need to be discussed with your therapist

- Type I/II Diabetes
- High/Low blood pressure
- Auto-immune disease
- Thyroid disease
- Liver disease
- Any other medical condition that causes slow healing or a high risk of infection



### Acknowledgement

I have read and full understood the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the microblading procedure. I have been given ample opportunity to ask questions all of which have been answered in a satisfactory manner. I understand that results can vary and that there is no guarantee. I am aware of the risks and benefits of microblading. I understand that microblading is an elective procedure performed for cosmetic purpose. I hereby indemnify EKO Infusion, its owner and employees of any liability. I agree to follow pre- and post-procedure advice closely.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date