

NIC+OLOGY

MICROBLADING/ SHADING CONSENT FORM

Date: _____

Name _____

Date of Birth _____

Address _____

Phone _____

Email _____

Procedure Cost \$ _____ PROCEDURE TO BE PERFORMED _____

Although 3D Eyebrow Microblading and Shading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

Microblading is a semi-permanent makeup technique for enhancing the appearance of the eyebrows, in which pigment is etched into the skin in fine, strokes resembling hair. Using a hand tool with a blade formed with small needles.

Shading (also known as ombre or powder brows) is a semi-permanent makeup technique to fill in the brows using an electric pen with small needles that insert pigment into the upper layers of the skin creating pixelated dots. Ombre Powder brows have a soft misty subtle look towards the front then blend and go darker towards the tails.

All instruments that enter the skin or meet body fluids are disposable and disposed of after use. Cross contamination guidelines are strictly adhered to. Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is expected to come back for a 6-week Touch-Up after healing is completed. Initially the color will appear more vibrant or darker compared to the result. Usually within 7 days the color will fade 20%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch-Ups are likely needed within 1-2 years for microblading and 2-3 for

shading.

_____ **AFTERCARE:** Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email you.

_____ **PAIN:** I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur. There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.

_____ **ANESTHETICS:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me now.

_____ **EXCESSIVE SWELLING or BRUISING:** I understand that some swelling and bruising may occur. Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days.

_____ **SKINCARE:** 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.

_____ **TANNING + SUN EXPOSURE:** I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

_____ **MRI or MEDICAL PROCEDURES:** I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI. Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine.

_____ **ASYMMETRY:** Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.

_____ **UNEVEN PIGMENTATION:** I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session within 4-6 weeks. This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.

_____ **SCAR TISSUE:** I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

_____ **BROW COLOR + SHAPE:** I accept the responsibility to explain to you my desire for specific colors, shape, and position for any procedure done today.

_____ **INFECTION + COMPLICATIONS:** 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 hyper-pigmentation. Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See "After Care" sheet for instruction on care.

_____ **TOUCH-UP:** 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. Touch-ups must be completed within 4-6 weeks of initial procedure.

_____ **COST:** I have been quoted the cost of today's appointment, which includes one (1) touch-up appointment that must be completed within 4-6 weeks of initial procedure to be considered a touch-up price. There will be no refunds for this/these elective procedure(s)

_____ **ALLERGIC REACTION:** There is a small possibility of an allergic reaction.

_____ **SKIN ALTERING PROCEDURES:** I understand if I have ANY facial skin treatments, such as laser hair removal, plastic surgery, Botox, Filler this may result in altering my microblading results. I acknowledge some of these potential adverse changes may not be correctable.

_____ **PHOTO RELEASE CONSENT + INSTAGRAM TAGGING** I will give permission to use my microblading before and after photos for advertising on Nicole's website social media and other forms of advertising.

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 Nicole Cruz as my Eyebrow Microblading technician to perform on my body the Eyebrow Microblading procedure desired today.

Signature _____ Date _____

Tech Signature _____ Date _____

******Do not fill out next line until time of procedure.******

_____ **SHAPE APPROVAL:** I have seen and approve of my eyebrows shape and outline.
Nicole may begin the microblading process.

