

Consent and Release Agreement for 3D Microblading El Paso Microblading

This form is designed to give information needed to make an informed choice of whether or not to undergo the 3D Microblading - El Paso Microblading, semi-permanent technique. If you have questions, please don't hesitate to contact us or ask your technician.

Although 3D Microblading - El Paso Microblading, semi-permanent technique is effective in most cases, absolutely no guarantee can be made regarding the client's benefit from the procedure.

This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing. All instruments that enter the skin or come in contact with body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are stickily adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual to expect a touch-up after the healing is completed.

Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40% to 50%, soften and look more natural. The pigment is semi-permanent and will fade over time and will likely need to be fully touched up within 6 months to 2 years.

Photography Release Consent

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

Yes, feel free to use them

No, please do not use them

Signed: _____ **Date:** _____

Possible risks, hazards or complications

- **Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.
- **Infection:** 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 instructions on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **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.
- **Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.
- **Eye Exposure:** There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, Celluvisc, a thick eye drop is used to protect the eye prior to the procedure. Eye drops are used to cleanse and flush the eye after the procedure is complete.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.
- **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. You must inform your technician of any tattoos or permanent cosmetics.

Allergic Reaction: There is a small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this. Please initial to: Waive_____ or Take_____.

The alternative to these possibilities is to use cosmetics and not undergo the 3D Microblading - Brows by El Paso Microblading, semi-permanent technique. Consent and release for procedures performed:

Signed:_____ **Date:**_____

Statement of Consent and Recitals

Please read and initial all lines

_____ 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.

_____ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising 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 permanent makeup.

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

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

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

_____ 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 60 days.

_____ I acknowledge that the proposed procedures(s) 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.

_____ 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 60 days of initial procedure.

_____ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-ups must be completed within 60 days of initial procedure to be considered a touch-up price.

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 the technician, to perform on my body Semi-Permanent Cosmetics 3D Microblading – El Paso Microblading on the scheduled dated as discussed.

Signed: _____ **Date:** _____

Aftercare

After care is very important for producing a beautiful and lasting result.

- Keep the area clean by washing with freshly washed hands and a mild soap. Do not use a washcloth or sponge to remove soap. Simply splash with water. Do not use cleansing creams, acne cleansers or astringents. Use a mild, natural soap.
- Apply the aftercare balm with freshly washed hands or a Q-tip. If the balm is too stiff to use simply warm it up in a glass of warm water or on your finger. Use the balm very sparingly. Too little is better than too much. Blot off excess with a clean tissue. Never touch the procedure area without washing your hands immediately before.
- Do not scrub, rub or pick at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out.
- Do not use any makeup near the procedure area including mascara for eyeliner procedures for at least 3 days. Purchase new mascara and makeup if possible to avoid contamination or bacterial infection.
- Always use a sun block after the procedure area is healed to protect from sun fading.

What's normal?

- Mild swelling, itching, light scabbing, light bruising and dry tightness. Ice packs are a nice relief for swelling and bruising. Aftercare balm is nice for scabbing and tightness.
- Too dark and slightly uneven appearance. After 2-7 days the darkness will fade and once swelling dissipates unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks then we will make adjustments during the touch up appointment.
- Color change or color loss. As the procedure area heals the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment and is why the touch up is necessary. The procedure area has to be completely healed before we can address any concerns. This takes about four weeks.
- Needing a touch up months or years later. A touch up may be needed 6 months to 2 years after the touch up procedure depending on your skin, medications and sun exposure. We recommend the touch up 30 days after the first session (included in today's price) and every 6 months to 2 years to keep them looking fresh and beautiful. Touch up sessions after 60 days will be \$150 or current touch up rate at time of touch up. **Failure to follow after care instructions may result in infections, pigment loss or discoloration.

I have read, understand and agree to the above instructions.

Signed: _____ Date: _____

Client Medical History Form

Date: _____ Birthdate: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Email: _____

Emergency Person Phone: _____ Phone#: _____

Do you have or previously had any of the following: (Circle YES or No)

YES NO History of MRSA

YES NO Botox (Last treatment)

YES NO Diabetes

YES NO Hepatitis A B C D

YES NO Forehead/Brow Lift

YES NO Easy Bleeding

YES NO Facelift

YES NO Alcoholism

YES NO Abnormal Heart Condition

YES NO Take medication before dental work

YES NO Chemical Peel (Last Treatment _____)

YES NO Pregnant now – Breastfeeding now

YES NO Brow Lash Tinting

YES NO Autoimmune disorder

YES NO Oily Skin

YES NO Cancer (Year)

YES NO Accutane or acne treatment

YES NO Chemotherapy/ Radiation

YES NO Tan by booth or salon

YES NO Tumors/ Growth/ Cysts

YES NO Difficulty numbing with dental work

YES NO Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc

YES NO Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc

YES NO Allergies to metals, food, etc

YES NO Any diseases or disorders not listed

YES NO Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxy?

Please list any medications you are taking

I agree that all the above information is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

If you, the client have any medical concerns or issues, please consult a health care practitioner as the first sign of infection or an allergic reaction; also report any diagnosed infections, allergic reaction or adverse reaction resulting from the 3D Microblading Treatment to El Paso Microblading and to the Texas Department of State Health, Services, Drugs, and Medical Group at 1 (888) 839-6676.