

Microblading & Micropigmentation

Client Name: _____

Statement of Consent & Recitals

Referred by: _____

Pre-Procedure: No caffeine, alcohol, ibuprofen or aspirin 24 hours prior. Smoking will inhibit the effectiveness of numbing creams. No botox, chemical peels, or deep tan in prior 2 weeks.

Discontinue chemical exfoliants one month prior. Discontinue vitamin E or fish oil supplements 1 week prior (natural blood thinners). Discontinue blood thinning medications 3 days prior with doctor's consent.

If doing eyeliner: You must discontinue use of any eyelash serums at least 6 weeks prior to your procedure.

Please circle Y or N:

Y N Are you difficult to numb at the dentist's office?
(If Yes, you might not be eligible for this procedure.)

Y N Are you on blood pressure or blood thinning medication?
(If Yes, you must have your doctor's consent to discontinue use before the procedure.)

Y N Do you have diabetes? (If yes, you must have a doctor's note)

Y N Do you have allergies to lidocaine, prilocaine, benzocaine, tetracaine or epinephrine?

Y N Are you on Accutane or Retin-A? (If yes, you will need to be off of it for 6 months prior to procedure)

Other allergies? If yes, please explain: _____

I suggest a patch test at least 24 hours prior to procedure for those who have high skin sensitivities or are sensitive to topical makeup products, gold, silver, nickel, or hair dyes.

If doing lips:

- Have you ever had a cold sore? If yes, you must contact your physician for a prescription of ZOVIRAX capsules, an antibiotic which prevents cold sores.
- I have read the above information regarding ZOVIRAX and understand its use is mandatory if I desire lipliner or full lip color procedures.

*Signed: _____

•Are you currently under the care of a physician? Y N

If so, why? _____

Physician's name: _____

Do you suffer from: __Moles or freckles at site of tattoo __Hepatitis or other blood borne disease

__Hemophilia __Scarring (Keloids) __Epilepsy __Pregnant __Breast Feeding

Other: Please explain _____

Please Read & Initial All Lines

___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 & 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, and 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 my 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 my 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 involve risk 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 8 weeks of initial procedure to be eligible for the touch-up pricing.

___I have been informed of the nature, risks, and possible complications and consequences

of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin, my metabolism, immune system, and hormone levels. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).

___ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable.

___ I have received pre- and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips.

___ I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s),

___ I allow my photos to be used in my technician's public portfolio.

(photos can be cropped upon request to exclude rest of face.)

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 and accept full responsibility for the decision to have this cosmetic tattoo work done. 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 Annie Kim as my technician to perform on my body the Eyebrow Microstroking procedure and/or Micropigmentation desired today.

Print Name _____

Sign _____ Today's Date _____

Date of Birth: _____ Age: _____

Technician Signature (Annie Kim): _____ -

Post Procedure Care & What to Expect

DAY 1: Check every hour for 'weeping' and gently blot off fluid with a clean damp cotton round or tissue... **DO NOT LET FLUIDS DRY AND FORM A SCAB ON YOUR SKIN...** Gently wash your brows with a mild soap that evening, rinse, and dry with a clean tissue.

Days 2-10 (or until scabs have peeled off):

Wash with soap and water 2x/day. Dry, then apply tiny (rice sized) amount of ointment.

(But if you have oily skin, do not apply any ointment unless the area feels itchy.)

- Avoid watering area as much as possible. Avoid watering brows in shower, so face away from the water stream.
- Avoid exposure to excessive moisture or humidity such as facials, saunas, steam, hot tubs, swimming, excessive **sweating**, long steamy showers.
- **Avoid sleeping on sides of your face, as this might prematurely remove scabs.**
- Do not scrub or pick at treated area. Keep your hands clean and avoid touching the treated area.
- Do not expose area to direct sun or tanning beds.



Please schedule your followup no less than 8 weeks from your initial appointment to ensure better color retention and shape, and to be eligible for initial followup pricing.

Client Signature: _____

Date: _____

Practitioner's Signature (Annie Kim): _____

Date: _____