MICROBLADING CONSENT FORM

DISCLOSURE & RELEASE AGREEMENT

FOR COSMETIC TATTOOING/MICROPIGMENTATION

Please read and fill out this “Disclosure & Release Agreement” completely, making certain that you understand all information provided, and that your information is correct.

You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

HEALTH QUESTIONNAIRE:

In order to perform the eyebrow tattoo procedure in a safe manner, please answer the following questions truthfully.

Do you suffer from the following diseases or are you taking any of these medications?

Hemophilia YES/NO

Diabetes mellitus YES/NO

Hepatitis YES/NO

HIV YES/NO

Skin diseases YES/NO

Eczema YES/NO

Allergies(for what if yes) YES/NO

Autoimmune disease YES/NO

Are you prone to herpes? YES/NO

Infectious disease YES/NO

Epilepsy YES/NO

Cardiovascular problems YES/NO

Are you taking blood thinner (which type) YES/NO

Are you pregnant or nursing YES/NO

Are you taking medications on a daily basis? YES/NO

Do you have a pacemaker? YES/NO

Have you consumed drugs or alcohol in the last 24 hours? YES/NO

Do you have problem with healing of wounds? YES/NO

Did you undergo any surgery in the last 14 days? YES/NO

Were you exposed to radiation or had any other medical interventions? YES/NO

Please read and INITIAL the statements below to indicate: I understand the following completely:

_____ No warranty has been made to me as a result of this semi permanent makeup, micro-pigmentation or correction procedure, and that the final result cannot be guaranteed.

_____ There may be risk of infection if aftercare instructions are not followed.

_____ I realize that there is potential for discomfort during the procedure and during the healing process.

_____ There is a possibility of bleeding, swelling, and allergic reactions to the pigments used.

_____ Cosmetic tattooing is considered semi-permanent, and will fade with time.

_____ A tattoo can only be removed with surgical or laser procedures, and that any effective removal may leave permanent scarring or disfigurement.

_____ Misplacement or migration of the pigment can occur, under rare circumstances, requiring excision and/or correction of the misplaced pigment.

_____ I do not have any known allergies related to the pigments used. (Our pigments contain: Sterile Water, Glycerin, Isopropyl Alcohol, Iron Oxides, Titanium Dioxide, Chromium Oxide)

_____ I understand that I must inform my technician of any and all medication(s) I am currently taking. (Pain control medications such as aspirin or ibuprofen may cause the blood to thin, and excessive bleeding may occur during or after the procedure.)

_____ I do not currently take Accutane and/or have not taken for at least 12 months.

_____ I have informed the technician of any skin conditions that I have.

_____ I am aware there may be unforeseen risks with any cosmetic tattooing procedure.

_____ I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure.

_____ I am actually reading these and not just signing my initials.

_____ I release the studio and its representatives and subsidiaries of all claims for injury, seen or unseen, that may occur as a result of this procedure.

_____ I fully understand the questions, terms, and conditions of this Disclosure & Release Agreement. I accept to waive my rights for any claim against the technician for any reason whatsoever.

_____ I believe that I have sufficient information to give this informed consent.

_____ I certify that this Disclosure & Release Agreement was completed by me and that all entries and information are true and complete to the best of my knowledge.

First & Last Legal Name:_____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____/_____/_____

Phone: _____

Signature: _____

Date (M/D/Y): _____/_____/_____

PLEASE CHOOSE:

_____ YES, I would like to give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)

_____ NO, I would NOT like to give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)