



48697 Hayes Rd., Shelby Twp. MI 48315 Suite 126 586-246-5115

Informed Consent to Receive Microblading

In consideration of receiving beauty services from Pristine Image LLC and / or Sophia Katzowitz, I _____ confirm the following by initialing each section below.

I am aware that tattoo inks, dyes and pigments have not been approved by the federal food and drug administration, and may have health consequences that are unknown. _____ (Initials)

I am over the age of 18, am not under the influence of drugs or alcohol and desire microblading of my eyebrows to be performed. The general nature of cosmetic tattooing as well as the specific procedure has been explained to me. _____ (Initials)

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. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the microblading procedure and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure. I understand that while this is sometime referred to as semi-permanent in nature, due to each individual's reaction to pigment, the length of time pigment is present cannot be guaranteed. In some cases, pigment will be permanent. _____ (Initials)

I understand that if I have any skin treatments, laser hair removal, UV exposure, plastic surgery or other skin altering procedures, it may result in adverse changes to my microblading. I acknowledge some of these potential adverse changes may not be correctable. _____ (Initials)

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 that has a potential to prevent my blood from clotting and or increase healing time I will advise my technician. _____ (Initials)

I understand that the taking of before and after photographs of the said procedure area a condition of such procedure. I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and the procedure process. I accept fully responsibility for the decision to have this cosmetic tattoo done. I do hereby agree that Pristine Image LLC and/or Sophia Katzowitz are free from lawsuits and all claims or suits for damage, for injuries or complications resulting from any beauty services provided by Pristine Image LLC and/or Sophia Katzowitz.

Client Signature: _____ Date: _____

Artist Signature: _____ Date: _____

Complaints regarding non-compliance with applicable state and local regulations as they pertain to body art facilities can be made to the Macomb County Health Department at (586) 469-5236