

Microblading Consent Form

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

D.O.B.: _____ age: _____

Emergency Contact: _____

Allergies: _____

Current Medications: _____

Are you a referral? :

- ☐ Yes
- ☐ No

If yes, by whom? : _____

Client Medical History

Please indicate yes or no and provide comments, if necessary

History of MRSA	Y	N	
Botox	Y	N	Date of last treatment: _____
Diabetes	Y	N	
Hepatitis A,B,C,D	Y	N	
Forehead/ Brow lift	Y	N	
Easy Bleeding	Y	N	
Regular Alcohol consumption	Y	N	
Abnormal Heart condition	Y	N	
Take medication before dental work	Y	N	
Chemical Peel	Y	N	Date of last treatment: _____
Pregnant or currently breastfeeding	Y	N	
Brow/ lash tinting	Y	N	
Autoimmune Disorder	Y	N	
Oily Skin	Y	N	
Cancer	Y	N	Year: _____
Chemotherapy/Radiation	Y	N	
Accutane/Acne treatment	Y	N	
Tan by booth or salon	Y	N	
Tumors, growths, cysts	Y	N	
Difficulty numbing with dental work	Y	N	
Taking blood thinners (alcohol, aspirin, ibuprofen, Coumadine, etc.)	Y	N	
Allergic reactions to any medications (Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Propylene glycol, vitamin E acetate, etc.)	Y	N	
Allergies to metals, foods, materials	Y	N	
Any diseases or disorders not listed	Y	N	
Do you use skin care products containing Retin-A, Glycolic acid, or AHA (alpha hydroxyl acid)	Y	N	It only applies if used near the brow/eye area
List any medications or supplements you're currently taking	Y	N	
Do you exercise regularly	Y	N	

I have carefully read and answered each question to the best of my ability. I understand that this information is CONFIDENTIAL. I also understand and have reviewed how these statements might affect the success of my treatment.

Name (print): _____

Signature and Date: _____

CONSENT (please read carefully and initial)

_____ I understand that a certain amount of discomfort may result from this procedure such as: stinging, burning, and scratching.

_____ My procedure may result in temporary bruising, swelling, and redness in the area.

_____ Retin-A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on the treated areas; these acids cause premature exfoliation of the pigment and will alter retention of pigment and color of the treated area.

_____ I understand that this is a semi-permanent cosmetic procedure and that successful color saturation *CANNOT BE GUARANTEED*. Skin condition, hidden scar tissue, previous permanent makeup, or laser treatments may affect the results of my procedure.

_____ I will inform all skincare professionals as well as all medical personnel about my brow treatment in particular I will inform the above mentioned that I had this treatment before an MRI.

_____ I take full responsibility to explain to my brow specialist any desires regarding specific colors, shape, or positioning for my brow procedure PRIOR to my procedure; I understand that once my brow outline (brow box) has been drawn on, it will be my final opportunity to make adjustments. Once I've accepted my outline, I'm consenting to my brow shape.

_____ I understand that the implanted pigment [color] can change/fade over time due to circumstances above your control. Future touch ups or applications will be needed to maintain the appearance of your brows.

_____ I understand that although my brow procedure has created beautiful brows, I may still and I'm encouraged to use cosmetic brow products to further enhance my brows.

_____ I acknowledge that the proposed procedure involves inherit risks. There is a possibility of complications during and/or after the procedure such as: infection, misplaced pigment, scabbing, poor color retention, and hyper pigmentation.

_____ I've been quoted the price of today's session and been advised that a future touch up is highly recommended. A discounted touch-up session will be offered between 6-12 weeks. After 12 weeks the pricing is determined at the discretion of the brow specialist. Pricing will vary on maintenance and pigment retention.

I certify that I have read of have been read the contents of this form. I understand the risks involved in this procedure. I understand that my skin condition plays a huge role in my semi-permanent cosmetic procedure as such RETENTION IS NOT GUARNATEED. I have had the opportunity to ask questions and discuss the procedure in detail. I acknowledge that there are no refunds for any or all of the procedure I'm receiving today including deposits. I acknowledge that I completely understand the material given to me; I authorize: _____, Microblading artist at The Beauty Factorie, LLC to perform 3D Eyebrow Microblading.

Technician Signature and date: _____

Client signature and date: _____

Must Read

Microblading is a semi-permanent, cosmetic, makeup application; that while effective in most cases, cannot be guaranteed. This includes depth of color retention or color at all.

Microblading is the process of inserting pigment into the surface layers of the skin. This is considered a form of tattooing though it is semi-permanent AND cosmetic. Generally it is a successful treatment but your outcome will depend on your skin's texture, skin type, scars, previous procedures, etc. Perfect results are not always a realistic expectation since your brows may heal differently or retain pigment differently.

The initial color and application will appear darker or more vibrant in comparison to your end result. Within 3-7 days the color may fade 40-50% therefore softening and creating a more natural look. Uneven pigmentation may be the result of poor healing, infection, excessive bleeding (during the procedure), excessive sweating (i.e.: take a break from those workouts, will ya? ☺) or skin type. This is why following your after care guideline is crucial. A touch up is recommended for correcting any of these factors. The pigment is semi-permanent and WILL FADE OVER TIME. Additional touch ups are needed within 6 months to 2 yrs. of initial procedure.

I have read and understand completely what is written above in relation to my Microblading procedure.

Signature & date: _____

I consent to my brow photos being used on social media (not limited and including blogs/websites) as examples of what flawless brows should look like.

Signature & date: _____

I have received my aftercare instructions and have no questions.

Signature & date: _____

I'm happy with my 3D Microblading brows today.

Signature & date: _____

I, _____, microblading technician at The Beauty Factorie have reviewed and ensured client has reviewed and signed all documents regarding today's procedure.

Microblading technician signature: _____

Brow Aftercare



Day 1: OMG! I'm in love with my new brows. Thank you,



Day 2-4: I don't like this color, it's too dark.



Day 5-7: Oh, no! My brows are scabbing and falling off.



Day 8-10: WTF? My brows are gone!



Day 14-28: Thanks God my brows are coming back! Still looking patchy and uneven.



Day 42 (after touch up): Aww, they're beautiful! I love them! Thanks again,

After procedure, an aftercare ointment will be applied to your brows. This will remain on your brows for 12-24 hours; it is imperative that you do not remove, wash, or excessively sweat during the first 24 hrs of the procedure. Wash your brows ONCE daily but no more than that. DO NOT scrub or use abrasive products during this time. After washing, allow your brows to air dry for 30 minutes and then apply a light layer of the aftercare 2 times per day to help prevent scabs from forming. Apply after care for 5 days twice a day and then, after the 5th day, proceed with aftercare at night to keep them moisturized.

The following **MUST** be avoided during the initial 7 days post procedure:

- o Increased sweating, swimming
- o Hot sauna, hot bath, hot shower, or Jacuzzi
- o Sun tanning or salon tanning (tanning booth)
- o Any laser, chemical peels, chemical treatments
- o Creams containing AHA, Glycolic Acid, Retin-A
- o Picking, scrubbing, peeling, scratching
- o Drinking alcohol in excess
- o Driving/riding in open air vehicle (convertibles, scooters, bicycles, motorcycles, boats)
- o Wear sunscreen after day 7 to protect your pigment, SPF 30 or higher

As depicted above your new brows will go through several phases during the healing process. During the initial stage your pigment will appear strong and sharp; this is because the pigment is still on the surface of the skin and has not yet settled. The pigmentation will begin to soften gradually; day 2-5 can be difficult for some people. Once the skin begins its healing process it might look like you have dandruff flakes or dry skin; this might give you the impression you are losing pigmentation too quickly. DON'T WORRY; this is simply superficial color and dry skin being removed. Once you are healed and aftercare is completed you are advised to apply a light layer of sunscreen, SPF 30 or higher (look for a non-greasy or waterproof formula). Sun exposure may result in your pigment to fade more quickly.

*If you start to scab DO NOT PICK AT THEM, while undesirable; however, just allow them to heal! This may result in extended healing time.

Most importantly please enjoy your new gorgeous brows!