BROWS DEFINED

Consent and Release Agreement

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow, Microblading/Shading semi-permanent makeup application. If you have any questions, please don't hesitate to ask.

Although 3D Eyebrow Microblading/Shading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

This is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though semi-permanent.

All instruments that enter the skin or come in contact with body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed. Approximately 30 days.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch-Ups are likely needed 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_____

Email_____

Phone_____

Special requests, concerns or remarks for the Artist

_____

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 Denise Cardwell, as my Eyebrow Microblading/Shading technician to perform on my body the 3D Eyebrow Microblading/Shading procedure desired today.

Signed_____Date_____

Microblading/Shading Aftercare Instructions

It is essential that you follow these instructions after your Microblading/Shading session:

Day One (Day of treatment)-Three: Wait 2 hours and let the wounds weep lymph. After 2 hours you must wipe off the lymph with a moistened cotton pad, then apply a thin layer of Bacitracin with a cotton swab. Wipe the brows with the moistened cotton pad every 1-2 hours, then reapply a thin layer of Bacitracin every time. This will ensure your brows won't scab. Don't saturate the cotton pad with too much water. Too much Bacitracin will cause the pigment to scab. At night wash the treated area with warm water and mild soap like Cetaphil. Wash your hands with a disinfectant soap before washing your eyebrows and/or applying the post-care cream. **Additional Bacitracin is available in the Pharmacy section of any drug store.

Day Four – Nine: Repeat the wiping of the brows at least 2 times a day. At night wash the treated area with warm water and mild soap like Cetaphil. Wash your hands with a disinfectant soap before washing your eyebrows and/or applying the Bacitracin.

The following must be avoided during all nine days post-microblading/shading procedure:

• Increased sweating. It is recommended not to sweat (heavily) for the first 10 days after the procedure. Sweat is salt and can prematurely fade the treated area.

• Practicing sports

• Swimming

• Hot sauna, hot bath, or Jacuzzi

• Sun tanning or salon tanning. Absolutely No Sun, sweating, or tanning prior to the procedure or after the procedure for 10 days. Do not have a tan/sunburn on your face prior to your procedure. The tan will exfoliate taking color with it as it fades.

• Any laser or chemical treatments or peelings, and/or any creams containing Retin-A or Glycolic Acid on the face or neck

• Picking, peeling, or scratching of the micro pigmented area in order to avoid scarring of the area or removal of the pigment

• Performing tasks related to heavy household cleaning such as garage or basement cleaning where there is a lot of airborne debris

• Spicy foods

• Smoking

• Drinking alcohol in excess, as it may lead to slow healing of wounds

• Driving in open air vehicles such as convertibles, boats, bicycles, or motorcycles

• Touching of the eyebrow area except for when rinsing and applying the post-care cream with a cotton swab

Before showering apply a layer of Bacitracin to protect your eyebrows from moisture. During the shower keep your face away from the showerhead.

Itching and flaking may appear during the first seven days post-microblading/shading procedure. However, experience has shown that by following these after-care instructions, these symptoms may quickly disappear.

The healing of deeper wounds might last between 14-21 days. Touch-ups and/or correction of the shape-design is recommended only after this period.

If you have any unexpected problems with the healing of the skin, please contact Denise Cardwell immediately, to discuss further instructions. Denise Cardwell can be reached on her cell phone: 502-548-2660.

What to expect during and after your microblading/shading session

Your new temporary eyebrow will go through several phases during the healing cycle.

The pigment will appear very sharp and dark immediately after the procedure. This is because the pigment is still sitting on top of your skin, and has not yet settled in completely. The color of the pigment will soften gradually. Do not be alarmed if you see some pigment on the cotton swab, as this is excess pigment and/or body fluid that is naturally exiting your skin.

Once the healing of the skin starts taking place, it will look like dandruff flakes or dry skin. This might give you the impression that the color pigment is fading too quickly, however, this is just superficial color and dry skin being naturally removed from your eyebrows.

Once completely healed, always apply a layer of sunscreen SPF 30 up to SPF 50 on your eyebrows when exposed to the sun. Sun exposure might cause the color pigment to fade away more quickly.

You can now enjoy your beautiful new temporary eyebrows. You will simply love your new gorgeous fresh look!

Client Medical History Form

Date_____Birthdate_____

Name_____

Address_____

Phone_____Email_____

Emergency Contact Person_____Phone_____

Do you have or previously had any of the following: (Cirlce 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_____
YE S 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 Hydroxyl?

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_____

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 on 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 instruction 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 or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don't bruise or swell at all.

• **Anesthetics:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are 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 MRI Technician of any tattoos or permanent cosmetics.

The alternative to these possibilities is to use traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow procedure.

Consent and release for procedures performed:

Signed_____Date_____