

Microblading and Permanent Makeup Consent

Form

۱	(Client)
Hereby consent to and authorize	
	(tattoo artist)

To perform the following procedure:

I have voluntarily to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved_____ (initials).

Although it is impossible to list every potential risk and complication. I have been informed of possible benefits, risks and complications. I also recognize there no guaranteed results and that independent results are dependent upon age, skin condition and lifestyle. _____ (initials).

I understand that this is a 2 and sometimes 3-step process and I will be required to return no later that 45 days after initial procedure for further treatments to obtain the expected results.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care_____ (initials).

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically _____ (initials).

I acknowledge that the proposed procedure involves risks inherent in the procedure and have possibilities of complications during and/or following the procedure such as: infection, poor color retention and hyper-pigmentation _____ (initials).

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed)		
Client Signature		
Technician/Tattoo Artist Signature	Date	