

STATEMENT OF CONSENT AND RECITALS: Please read and initial all lines

____ Aftercare instructions have been explained to me and a written copy will be 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, text, 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 the treated areas. They will alter the color.

____ I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup

____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm scheduled for an MRI.

____ I accept the responsibility for my explanation to you my 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 may need to maintain the color with future applications and a touch up session within 3 months.

____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection (particularly in the event my post-procedural instructions are not followed), misplaced pigment, poor color retention and hyper-pigmentation.

____ I have been quoted the cost of today's appointment, which includes one touch-up within a three-month period. There will be no refunds for this/these elective procedure(s)

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) and I have had the opportunity to ask questions and all my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize Lauri MacLeod to perform on my body the microblading and/or semi-permanent make-up procedure(s) desired today.

Signed: _____ Date: _____

Elegant Brows – 537 W 260 N Smithfield, UT 84335
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CONSENT AND RELEASE AGREEMENT

This form is designed to give information needed to make an informed choice of whether to undergo a microblading/semi-permanent make-up application. If you have questions, please don't hesitate to ask.

Although Microblading/semi-permanent make-up is affective 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 dermal layer of the skin and is a form of tattooing.

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 to expect a touch-up after the healing is completed. Initially the color will appear much 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 and will likely need to be touched-up anywhere within 6 months – 3 years. Please note that color may fade faster on oily skin.

PHOTOGRAPHY RELEASE CONSENT

I would like your permission to use these photos for advertising. For example, in portfolios, online and in 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 technician:

Referred by: _____



CLIENT MEDICAL HISTORY FORM

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency contact: _____ Phone: _____

Do you presently have or previously had any of the following: (Circle yes or no)

- Yes No History of MRSA
- Yes No Botox
- Yes No Diabetes
- Yes No Lip fillers/Restylane/Juvederm
- Yes No Cold sores/Fever blisters
- Yes No Blepharoplasty (eyelid surgery)
- Yes No Hepatitis (A,B,C,D)
- Yes No Forehead/Brow lift
- Yes No Easy bleeding
- Yes No Face lift
- Yes No Have you had alcohol in the last 24 hours
- Yes No Eye surgery/injury/corneal abrasion
- Yes No Abnormal heart condition
- Yes No Contact Lenses now
- Yes No Need to take meds before dental work
- Yes No Chemical peel (last treatment_____)
- Yes No Pregnant now/ Breast feeding now
- Yes No Brow or 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 sun
- Yes No Tumors/Growths/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 a Lidocaine, Tetracaine, Epinephrine, Demacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vatamin E Acetate, Etc.
List: _____
- Yes 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 medication or vitamins you're presently taking

I certify 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 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 instructions 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 and swell more than others. Ice packs may help. The bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.

ANESTHESIA: Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and Epinephrine in a cream or gel form are typically 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 our technician of any tattoos or permanent cosmetics.

ALLERGIC REACTION: There is a small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this. Please initial to: **Waive** or **Take**

The alternative to these possibilities is to use cosmetics and not undergo the Microblading/semi-permanent make-up procedure(s).

I hereby consent to the procedure(s) to be performed and hereby release Elegant Brows LLC and any of its Agents from any liability for any injury or damage what so ever.

Signed: _____ Date: _____

