

Consent Form For Microblading (Eyebrow Tattoo)

Infinity brows Microblading
7655 Girard Ave. Suite 125
La Jolla, CA 92037
619-339-0180

Pre-Procedure Instructions

Following these instructions prior to your procedure will help ensure a more relaxed, comfortable, and enjoyable experience.

- Please eat something 20-30 minutes prior to your appointment. A combination of protein and carbohydrates are recommended such as peanut butter and crackers or a cheeseburger. This keeps your blood sugar steady and helps you to be more comfortable and less sensitive.
- Avoid any form of caffeine 2-3 hours prior to your appointment. Caffeine is a stimulant and will heighten your sensitivity.
- If you bruise easily, we recommend taking Arnica before procedure and after. Arnica is available at most health food stores.
- For Eyeliner, if you wear contacts, please wear glasses to studio as no contacts can be worn during or 24 hours after procedure. If you use Latisse, please avoid application for several days prior and after procedure.
- If you are required to take antibiotics before dental procedures, please follow the same instructions from your doctor before your procedure.
- If you are on blood thinners, if it is ok with your doctor waiting at least 24 hours before eyebrow procedures is recommended. Again, please check with your doctor to make sure you can go
- 24 hours without them. You make take them right after procedure is finished.
- Avoid tanning and tanning beds 2 weeks prior to procedure.
- Alcohol, Caffeine and Nicotine can cause excessive bleeding and interrupt the healing process of the skin. Do not partake at least 48 hours before procedure. Use before appointment at your own risk.
- You may request a patch test 2 weeks before procedure. We are required by the color manufacturer to offer that to you but is not needed. A patch test does not ensure you will not develop a reaction later on.

Following these simple instructions will make a big difference in the enjoyment and outcome of your procedure.

See you soon!

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Name: _____

Address: _____

Email: _____

Birthdate: _____ I am 18 years and over. YES _____ NO _____

Phone Number: _____

Sex : M / F

I have read through this entire packet that I was given. I answered all questions truthfully. The treatment procedure and post treatment care was explained to me in detail and I agree with it. Infinity Brows assumes no liability in case of giving false information.

Client Signature: _____

Technician Signature: _____

Date: _____

****I agree on photo taking and the using of the photos for advertising purposes.***

_____ *(If YES, Initial)*

**Infinity Brows is obligated to perform procedures in strict compliance with all hygiene and health protection measures. This information is confidential and it shall also be handled in that way.*

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Health Questionnaire:

***In order to perform the eyebrow tattoo procedure in a safe manner, please answer the following questions truthfully.**

Do you suffer from any of the following conditions?

Allergies _____	Diabetes _____
Scarring _____	Auto Immune Disease _____
Eye Problems _____	Heart Problems _____
HIV _____	Asthma _____
Skin Problems _____	Epilepsy _____
Keloids _____	Herpes _____
Hepatitis A, B or C _____	Blood Thinners _____

If yes, explain _____

Are you currently under the care of a physician? Yes ___ No ___

Physician's Name and Phone: _____

Are you currently taking any medication? Yes ___ No ___

If yes, please explain _____

Are you allergic to Petroleum, Latex or Nitrile? Yes ___ No ___

Are you pregnant or nursing? Yes ___ No ___

Do you wear contact lenses? Yes ___ No ___ Are they in now? _____

Have you ever had a cold sore, fever blister, or some other form of the Herpes virus?

Yes ___ No ___ If yes, you must contact your physician for a prescription of ZOVIRAX capsules, an antiviral which prevents cold sores.

We cannot perform microblading service on you if you:

- Have diabetes
- Are currently pregnant
- Have cancer/are undergoing chemo/radiation, but come to us when you're in remission!
- Are a smoker/drinker - must be ceased ~2 weeks before and after procedure
- Are tanning in the sun or booth - must be ceased 2 weeks before and 4 weeks after
- Are on any Accutane, Antibiotics, Iron Supplements.
- Have an open wound on the area
- Are currently using Retinol/AHA products - must be ceased 2 weeks prior and 4 weeks after
- Have history of keloid scarring - **Test Spot required**
- Have Vitiligo

This is complete and accurate as to my medical history:

***I confirm that I have read and understood the above mentioned information.**

***I received a clear and understandable response to all of my questions.**

***The treatment procedure risks and post treatment care was explained to me in detail and I agree with it. _____ (Initial)**

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The Following Risks:

I am not under the influence of drugs or alcohol, and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

I am now being informed of the nature, risks and possible complications of permanent skin pigmentation. I understand this procedure carries with it known and unknown complications including but not limited to infection, allergic reaction, scarring, inconsistent color, and spreading or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply my contacts too soon after an eyeliner procedure. 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 procedure and not an exact science but an art. I request this procedure and accept the permanence as well as the possible complications.

I understand if I have any skin treatments, laser hair removal, plastic surgery or skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these changes may not be correctable. I understand direct sun exposure will result in premature fading.

I have received pre-and post-procedure instructions and I will receive an after-care kit and I agree to strictly adhere to such instructions. I understand my failure to do so may jeopardize my chances for a successful procedure. If I am on medication for depression or any other mood altering prescription, I will advise my technician on the client info form under medications.

There is a possibility of an allergic reaction to the pigments. The FDA does not approve any tattoo inks or pigments. A patch test does not ensure a client will not have an allergic reaction at a later time. I waive the patch test and release the technician from liability if I develop a reaction.

I understand the taking of before and after photographs of the said procedures is a condition of said procedures for us to use at will. I certify I have read and initialized the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

I understand and accept charges and waive any rights to dispute, as all services are final. I understand it is necessary to have a second session to see desired results. I hold full responsibility for the cost as well as any/all charges incurred in the case of card declination, chargeback, etc.

***I confirm that I have read and understood the above mentioned information.**

***I received a clear and understandable response to all of my questions.**

***The treatment procedure risks and post treatment care was explained to me in detail and I agree with it. _____ (Initial)**

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AFTER CARE

1. Do not get your brows directly wet; water, ocean, pool, sweating or any other liquids for 10 days after the treatment. Even a small drop which seems unimportant may expand the wound / possible infections / excessive scabbing may appear, and you may ruin the results. No sweating (of any kind), gym, yoga, swimming for the 10 days. If you work out regularly results may heal more to a powdered look due to the oils the body produces when it gets heated and sweaty.
2. Clean the area with a small amount of sterile water on a cotton pad 3 times a day for the first and second day ONLY. This will help remove any excess lymph, blood and pigment that may appear after the procedure.
3. In case of dryness, but not earlier than the 3rd day, apply a very small amount of coconut or grapeseed oil. Make sure your eyebrows are not greasy, but just moistened a little so you won't see any residue of the oil.
4. After 10 days you may use a gentle soap or non greasy facial cleanser to keep the eyebrows clean.
5. Do not use other ointments, cream with vitamins or antibiotics on eyebrows during the healing process.
6. No sunbathing or tanning for 4 weeks. No direct sun exposure.
7. No Retinols, AHA's, exfoliating treatments, chemical peels, microdermabrasion, botox and any other strong treatments for 6-8 weeks after your procedure.
8. Smoking WILL cause the pigment to fade prematurely and anesthetics will not last as long.
9. DO NOT USE growth enhancement products such as Latisse, Revitabrow, Grande-Lash, one month prior and after treatment has fully healed as it may shift your color.
10. In the first two weeks after the treatment avoid swimming pools, sunbathing, tanning beds (no sun or tanning for 30 days), sauna, beauty treatments, and intense training accompanied by sweating (sport activities), and avoid contact with dirt/dust, fertilizer.
11. Infinity Brows and their technicians are not liable in case of improper post treatment care.

***I confirm that I have read and understood the above mentioned information.**

***I received a clear and understandable response to all of my questions.**

***The treatment procedure risks and post treatment care was explained to me in detail and I agree with it. _____ (Initial)**