

Date: _____

Please read and initial all lines:

- _____ 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, Renova, Alpha Hydroxy and Glycolic Acids must NOT be used on the treated areas. They will alter the color of the microbladed / tattooed area.
- _____ I understand that sun, tanning beds, pools, some skin care products and medications can affect my 3D Microbladed brow.
- _____ I am responsible for informing all skin care professionals or medical personnel about any permanent makeup procedures, especially if I'm scheduled for a MRI. As pigments used in this procedure contain inert oxides, a low level magnet may be required should you need these scans.
- _____ I accept the responsibility to explain to my technician any desires for specific color, shape, and/or position for any procedure done today.
- _____ I understand that implanted pigment color may slightly change or fade over time due to circumstances beyond control and that I will need to maintain the color with future applications and a touch up session within 4-6 weeks.
- _____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have the possibilities of complications during and/or following the procedures such as infection, misplacement, pigmentation, poor color retention and hyper-pigmentation.

There is a small possibility of an allergic reaction, you may take a 5-7 day test patch to determine this. Please initial your selection: _____ WAIVE _____ TAKE

Consent Release Agreement:

By signing this consent I hereby acknowledge that all information needed to make an informed choice of whether or not to undergo a Microblading Semi-Permanent make-up application has been fully explained and I understand the nature, scope and possible repercussions of the procedure performed. Although 3D Microblading is affective in most cases, no guaranteed can be made that a specific client will benefit from the procedure. I accept responsibility for any and all results of the aforementioned procedure.

I understand that Microblading is the process of inserting pigment into the dermal layer of the skin; a form of tattooing. I understand that 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 common to expect touch-ups after healing is completed. Initially, the color will appear much more vibrant or darker compared to the end result. Usually within 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.

I hereby consent that the service provider professional at Truro Medi-Spa may perform the 3D Microblading procedure. The risks of the cosmetic procedure I have chosen have been disclosed to me. No guarantees, warranties, promises, commitments or other statements as to the results of this treatment have been made, and I am consenting to the procedure at my own risk.

I understand the success of my Permanent Cosmetics process requires my careful maintenance. I understand that I must strictly adhere to all aftercare instructions. I understand that failure to follow after-care instructions may result in infection, pigment loss, or discoloration. I acknowledge receiving aftercare documentation.

CLIENT PRINT NAME

DATE

CLIENT SIGNATURE

SERVICE PROVIDER SIGNATURE

DATE