

Please read this form fully and sign at the end. If you are unsure about a particular detail of the form, please speak to your therapist.

If an unforeseen condition arises in the course of microblading procedure, I authorise my therapist to use his/her professional judgement to decide what he/she feels is necessary under the given circumstances.

I accept the responsibility for determining the colour, shape and position of the microblading procedure as agreed during consultation.

I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment.

I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the colour fades, pigment itself may stay in the skin indefinitely.

I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.

The result of the procedure is determined by the following not; medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), Personal pH balance of your skin, alcohol intake and smoking, post procedure after care.

Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases bruising may occur. You may resume your normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care card for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional make-up on the affected area.

I have been advised that the true colour will be seen 1 month after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact colour can be given.

To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician.

I can confirm that I have received a copy of after care details.

Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any permanent cosmetics procedure performed by

For the purpose of documentation, record and use in portfolio, also consent to the taking of before and after photographs of my procedure.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROBLADING PROCEDURE. THE TREATMENT IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT, PRE-PROCEDURE FORM AND POST PROCEDURE GUIDELINES. I HEREBY AUTHORIZE TECHNICIAN

(Full name)

TO PERFORM MICROBLADING PROCEDURE ON ME AT

(Address of the salon)

Client Name:

Surname:

Date:

Address:

DOB:

Technician's Name:

Surname:

Date:

Salon address: