

MICROBLADING/PERMANENT COSMETICS

CLIENT CONSENT AND MEDICAL HISTORY FORM

Although Permanent Cosmetics is affective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

You are hereby notified of the possible risks and dangers associated with the application of each tattoo. The risk and dangers include, but are not limited to, at least the following:

* the possibility of discomfort or pain;
* the permanence of the markings;
* the risk of infection; and
* the possibility of allergic reaction to the pigments or other materials used.

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 7 days the color will fade 40-50%, soften and look more natural. The pigment will fade over time and will likely need to be touched-up. Touch-Ups are within 6-12 weeks. Anything past 12 weeks will be considered a color refresh.

**Possible risks, hazards or complications**

* Pain: There is a possibility of pain or discomfort even after the topical anesthetic has been used. Anesthetics work better on some people than others.
* Infection: Although rare, there is a risk of Infection. 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 and 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.
* Pregnancy/Breastfeeding: You cannot be currently pregnant or breastfeeding to undergo this procedure.
* Botox/Skin conditions: Skin must be without any botox, skin abrasions, or clear of any pre-existing skin conditions for at least 4weeks prior to your procedure. Any preexisting skin condtions may flare up following a tattoo procedure.
* Allergic Reaction: There is a possibility of an allergic reaction to the pigments or other materials used. 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 undergo the permanent cosmetics procedure.

**Consent and release for procedures performed:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **STATEMENT OF CONSENT AND RECITALS: 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 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, 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 schedule for an MRI.

\_\_\_I accept the responsibility to explain 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 will need to maintain the color with future applications and a touch up session within 6-12weeks.

\_\_\_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, misplaced pigment, poor color retention and hyper-pigmentation.

\_\_\_I have been quoted the cost of today’s appointment and touch up. Anything past 12 weeks will be considered a color refresh at the current market value. There will be no refunds for this 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 of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize SwagATTACK Beauty, to perform on my body the permanent cosmetic procedure desired today.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Medical History Form**

Date: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes No History of MRSA

Yes No Botox (last treatment\_\_\_\_\_\_\_\_)

Yes No Diabetes Client agrees under control and wishes to proceed. Initial: \_\_\_\_\_\_\_\_\_\_\_\_

Yes No Hepatitis (A, B, C, D)

Yes No Forehead/Brow lift

Yes No Face lift

Yes No Chemical Peel (last treatment\_\_\_\_\_\_\_\_)

Yes No Pregnant now/ Breast feeding now

Yes No Brow tinting

Yes No Autoimmune Disorder

Yes No Oily Skin

Yes No Accutane or acne treatment

Yes No Chemotherapy/ Radiation

Yes No Tan by booth or sun

Yes No Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, etc....

Yes No Use of skin care products containing Retin-A, glycolic acid or alpha hydroxyl

Yes No Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, ect. List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Allergies to metals, food, ect.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Any diseases or disorders not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list medication or vitamins you’re presently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography Release Consent**

You provide consent to appear in studio photography for client interactions with SwagATTACK Beauty.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Microblading/Permanent Cosmetics Aftercare**

Careful aftercare is very important for producing a beautiful and lasting result.

You will leave today with a protective layer of ointment. After 1 hour, gently wash the area with lukewarm water and anti-bacterial hand soap in a circular motion. Pat-dry once done and apply a rice size amount of Vitamin A & D ointment. Blot with Kleenex when area becomes weepy. Do not apply again until before bedtime. Repeat cleanse and ointment application morning and evening for the 1st three days. (mid-day is ok if needed) On the 4th day begin to use Lubriderm fragrance free lotion to moisturize the tattoo. This will help soothe any itch, tightness and help remove any dead skin. Think of it like this…..The ointment is acting as a band-aid to your new tattoo, when you have to much of a dirty band-aid it is time to cleanse the area and reapply. DO NOT WIPE- only dab till dry, you must be gentle, do not pull off the scabs prematurely. Following this procedure will ensure the formation of thin scabs thus more color retention. Keep out of the sun for two weeks.

Apply the ointments with freshly washed hands. Never touch the procedure area without washing your hands immediately before. It is very important to NOT use a q-tip as the cotton may pull at the scabbing area.

Do not scrub, rub or pick at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment can be pulled out.

Do not use any makeup on the brows for at least 2 weeks.

FAILURE TO FOLLOW AFTER-CARE INSTRUCTIONS MAY RESULT IN INFECTIONS, PIGMENT LOSS OR DISCOLORATION.

Cautions: If the skin around the eyebrows breaks out in a heat rash, small pimples, this is usually a reaction to the numbing solution or aftercare ointment and should go away by itself within 48hrs. Discontinue the use of all aftercare products. Please call immediately if this occurs so a technician can make note of the reaction and follow up to ensure this is not a more serious situation. If issue persists past 48 hours you may need to consult a physician.

Warnings to avoid poor results:

* Do Not use any Retin-A or Glycolic Acids in the brow area during or after healing!
* Do Not scrub or pick treated areas!
* For at least two weeks, minimize exposure to sun, discourage swimming
* Properly cleanse the tattooed area
* Apply aftercare ointment and cream/lotion as instructed
* Use sterile bandage(s) or other sterile dressings when necessary

Failure to follow instructions may result in infection or loss/discoloration of pigment.

*The client shall consult a health care practitioner at the first sign of infection or an allergic reaction, and report any diagnosed infection, allergic reaction, or adverse reaction resulting from the tattoo to the artist and to the TDSH Services, Drugs and Medical Devices Group at 1-888-839-6676*

**I have recieved a copy of applicable written care intructions and I have read and understand such written care intructions.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***You can contact us at:***

**SwagATTACK Beauty**

801 Forest Ridge Dr.

Bedford, Texas 76022

**214.317.1717**

**What is normal?**

* Mild swelling, itching, light scabbing, light bruising and dry tightness. Ice packs are nice relief for swelling and bruising. Aftercare ointments work well for scabbing and tightness.
* Too dark and slightly uneven appearance. After 2-7 days the darkness will fade, and once any swelling dissipates unevenness usually disappears. If it is too dark or still a bit uneven after 6 weeks then we will make adjustments during the touch up appointment.
* Color change or color loss. As the procedure area heals, the color will lighten and sometimes seem to disappear in places. This can all be addressed during the touch up appointment which is why touch up is necessary. The procedure area has to heal completely before we can address any concerns. Healing takes about up to 6 weeks.

I have read, understand, and agree to the above information.

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

ARTIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPOSIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of ID provided: \_\_\_\_\_\_\_\_\_\_\_

TOUCH UP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION OF TATTOO: \_\_\_\_\_\_\_\_\_

COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOT#/EXP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOT#/EXP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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