

Freckles & Brows

MICROBLADING GENERAL CONSENT AND PROCEDURE PERMIT FORM

PLEASE READ THIS FORM FULLY AND SIGN AT THE END. IF YOU ARE UNSURE ABOUT A PARTICULAR DETAIL OF THE FORM, PLEASE CONTACT ME AT 210-363-8140 BY CALL OR TEXT.

- If an unforeseen condition arises during the course of the microblading procedure, I authorize my therapist to use her professional judgment to decide what 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 the 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.
- The result of the procedure is determined by the following: medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, and post procedure care and in some cases bruising may occur.
- You may resume your normal activities following the procedure, however no cosmetics can be applied to the treated area, no perspiration/exercising, no swimming, and there must be extremely limited exposure to the sun until the skin is fully healed (2 weeks from the date of the procedure and each precision/top up sessions). Please see after care/post procedure care for more details.
- I understand that the true colour will be seen 1 month after each procedure because pigment varies according to skin tones, skin type, age, and condition. Some skin types accept pigment more readily and no guarantee on exact color 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.
- Being of sound mind and body, I hereby release 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 Perlesta Omosowofa.
- 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 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: PERLESTA OMOOSOWOFA TO PERFORM MICROBLADING PROCEDURE ON ME AT FRECKLES AND BROWS 2106 E. SONTERRA BLVD ROOM 21 SAN ANTONIO, TX 78259.

Client name: _____ Signature: _____ Date: ____/____/____.

Technician's signature: _____ Date: ____/____/____.

PLEASE READ THIS FORM CAREFULLY AND SIGN AT THE END.

- Microblading procedure requires multiple treatment sessions because 100% success cannot be achieved in the first procedure. For best results, clients will be required to return for at least one re-touch/precision session. All precision sessions must take place between 4-6 weeks both after the initial procedure and any precision session or it will qualify as a touch up session at an additional cost.
- Although numbing cream is used during the procedure sensitive clients may still feel some discomfort.
- Please be aware that colour intensity will be significantly darker and sharper immediately after the procedure. This will reduce by 30-50%.
- Delicate or sensitive skin may be red and/or swollen after the procedure.
- Do not drink alcohol and caffeine the night before the treatment.
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, any member of the Zingiberaceae (Ginger) family, Cayenne, Cinnamon, Garlic, Horshradish, Mustard
- Any brow shaping using waxing, threading & tweezing should be done at least 48 hours before the treatment.
- Electrolysis treatment should be undergone no less than 5 days before the treatment.
- AHA (citric, glycolic, lactic, malic, tartaric acids) should be discontinued no less than 2 weeks before the treatment.
- Chemical, laser peel, and Retin-A should be discontinued 6 weeks before the procedure.

TOPICAL ANESTHETIC ADIVCE

ALLERGIC REACTION: can occur from anesthetics used during the procedure and it is possible there may be in immediate or delayed allergic reaction to the pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reaction may look like redness, swelling, rash, blistering, dryness, or any other symptoms associated with an allergic reaction. **If you do suffer an allergic reaction, you should contact your doctor immediately, inform Perlesta Omosowofa and Texas Department of State Health Services, Drugs and Medical Devices Group, at 1-888-839-6676.**

NUMBNESS: I cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.

PROCEDURE: For microblading procedure a numbing cream/gel is used, the products are formulated to be perfectly safe and can be purchased over the counter from any pharmacy. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment. You may experience minor bleeding. As a result of the treatment, combined with the use of the anesthetic you can expect to experience some redness/swelling that can last 1-4 days. **You should always follow your post procedure instructions for the best results.**

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION PROVIDED AND ANY RISKS INVOLVED WITH THE USE OF TOPICAL ANESTHETIC AND THEREFORE I CONSENT TO THE USE OF THE ANESTHETIC FOR THE MICROBLADING PRODECURE. I AGREE TO FOLLOW PRE-PROCEDURE ADVICE CLOSELY.

Client name: _____ **Signature:** _____ **Date:** / / .

Therapist name: Perlesta Omosowofa **Signature:** _____ **Date:** / / .

First Name: _____ Last Name: _____ DOB: _____ Age: _____

Address: _____

Type of ID Given: _____ Phone Number: _____ Occupation: _____

List any medications you have taken in the past 6 months: _____

Have you received chemotherapy or radiation in the past year? _____

HAVE YOU EVER HAD AN ALLERGIC REACTION TO ONE OF THE FOLLOWING:

- | | | |
|---|---------------------------------|---------------------------------|
| <input type="radio"/> Lanolin | <input type="radio"/> Metals | <input type="radio"/> Crayons |
| <input type="radio"/> Latex Rubber | <input type="radio"/> Hair Dyes | <input type="radio"/> Glycerine |
| <input type="radio"/> Vaseline | <input type="radio"/> Foods | |
| <input type="radio"/> Medication | <input type="radio"/> Lidocaine | |
| <input type="radio"/> Other allergies _____ | <input type="radio"/> Paints | |

HAVE YOU EVER HAD ONE OF THE FOLLOWING:

- | | | |
|---|--|---|
| <input type="radio"/> Retin-A in the last 6 weeks | <input type="radio"/> Liver Disease | <input type="radio"/> AHA's in the last 2 weeks |
| <input type="radio"/> Anemia | <input type="radio"/> Circulatory Problems | <input type="radio"/> Fat, Botox or Collagen Injections |
| <input type="radio"/> Sensitivity to cosmetics | <input type="radio"/> Epilepsy | <input type="radio"/> Hypertrophic Scars |
| <input type="radio"/> Prolonged bleeding | <input type="radio"/> Tumors, growths, cysts | <input type="radio"/> Keloid Scars |
| <input type="radio"/> Trichotillomania | <input type="radio"/> Thyroid disturbances | <input type="radio"/> Healing problems |
| <input type="radio"/> Low Blood Pressure | <input type="radio"/> HIV | <input type="radio"/> Do you scar easily? |
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Hair Loss | <input type="radio"/> Do you bleed or bruise easily? |
| <input type="radio"/> Artificial Hart Valves | <input type="radio"/> Hepatitis | <input type="radio"/> Currently pregnant or breastfeeding |
| <input type="radio"/> Diabetes | <input type="radio"/> Cancer | |
| <input type="radio"/> Hemophilia | <input type="radio"/> Chemical or laser peel in the last 6 weeks | |
| <input type="radio"/> Fainting spells/dizziness | <input type="radio"/> Alopecia | |

Physician Signature stating it is medically safe for you to receive microblading:

Physician full written name: _____

Physician Signature : _____ Date: _____

Name of Practice: _____ Phone number: _____

Address: _____ EMAIL: _____

Additional Notes: _____

What are your main concerns/improvements you would like to improve? (Density, shape, colour, width)

FOR THERAPIST USE: Note pigments, blades, techniques to be used on this client

Precision Session Notes:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY: MICROBLADING IS A FORM OF COSMETIC TATTOOING. PREGNANT, NURSING MOTHERS, AND PERSONS UNDER 18 CANNOT BE MICROBLADED. INFECTIONS CAN OCCUR IF AFTERCARE INSTRUCTIONS ARE NOT FOLLOWED CORRECTLY. YOU MAY EXPERIENCE MINOR BLEEDING. POSSIBLE SCARING MAY OCCUR, BUT IS EXTREMELY RARE.

I HAVE RECEIVED AN AFTER CARE LEAFLET AND I'M FULLY AWARE OF THE AFTER CARE PROCEDURES

I UNDERSTAND THAT A DEPOSIT IS REQUIRED TO RESERVE MY APPOINTMENT AND WILL BE CREDITED TOWARDS THE BALANCE OF THE PROCEDURE, WHICH IS TO BE PAID IN FULL ON THE DAY OF MY PROCEEDURE.

I UNDERSTAND THAT MY DEPOSIT IS NON-REFUNDABLE. I UNDERSTAND THAT THERE IS A \$75 RESCHEDULING FEE FOR EACH OF MY MICROBLADING APPOINTMENS, AND THAT THE FEE WILL NOT BE APPLIED TO THE TOTAL COST OF MY MICROBLADING. CANCELING AND OR RESCHEDULING WILL RESULT IN A FOREFIET OF MY DEPOSIT.

I UNDERSTAND THAT THERE WILL BE NO REFUNDS ON COMPLETED MICROBLADING.

I HAVE FULLY UNDERSTOOD THE INFORMATION PROVIDED ABOVE.

I CAN CONFIRM THAT ALL OF THE INFORMATION PROVIDED BY ME, IS CORRECT AND TRUTHFUL.

Client name: _____ **Signature:** _____ **Date:** / / .

Therapist name: Perlesta Omosowofa **Signature:** _____ **Date:** / / .

AFTER CARE INSTRUCTIONS

PLEASE FOLLOW THESE INSTRUCTIONS FOR UP TO 14 DAYS AFTER THE PROCEDURE TO IMPROVE THE RESULTS OF YOUR MICROBLADING.

- ✓ NO MAKEUP SHOULD BE APPLIED DIRECTLY ON THE BROWS DURING THE HEALING PROCESS
- ✓ AVOID WETTING EYEBROWS WHEN WASHING FACE AND HAIR, AS SKIN CARE AND HAIR CARE PRODUCTS WILL PULL PIGMENT.
- ✓ IF YOUR EYEBROWS GET WET DURING THE HEALING PROCESS *PAT* THEM DRY WITH A TOWEL, DO NOT RUB.
- ✓ THE DAY OF MICROBLADING, PAT MICROBLADING WITH PLAIN TISSUE UNTIL BEDTIME. BEFORE BED APPLY A RICE GRAIN-1/2 PEA SIZED AMOUNT OF CREAM TO EACH BROW.
- ✓ CLEANSE THE EYEBROWS MORNING & EVENING BEGINNING THE MORNING AFTER YOUR MICROBLADING APPOINTMENT; USE A Q-TIP AND SOAP WATER TO GENTLY REMOVE PREVIOUS LAYER OF BALM. REMOVE BY PATTING WITH A WITH COTTON ROUND DAMPENED WITH WATER, AND APPLY BALM.
- ✓ DO NOT USE SAUNAS/STEAM ROOMS/AND TANNING BEDS DURING THE HEALING PROCESS
- ✓ YOU MAY FIND THAT YOUR EYEBROWS WILL SCAB OR BECOME SLIGHTLY DRY FOLLOWING THE TREATMENT. IF THEY ITCH DO NOT SCRATCH THEM. TAP TO RELEASE THE ITCH.
- ✓ DO NOT TOUCH, RUB, PICK OR SCRATCH YOUR BROWS FOLLOWING THE TREATMENT OR DURING THE HEALING PROCESS.
- ✓ APPLY YOUR BALM ACCORDING TO YOUR THERAPISTS ADVICE.
- ✓ AVOID EXCESS SUN EXPOSURE AS THIS CAN CAUSE THE PIGMENT TO FADE AND EFFECT THE HEALING PROCESS.
- ✓ AVOID APPLYING DAILY SKINCARE PRODUCTS DIRECTLY ON THE EYEBROWS BECAUSE THEY CAN NEGATIVELY AFFECT THE SKIN WHILE HEALING AND OR NEGATIVELY AFFECT THE PIGMENT.
- ✓ IF YOU HAVE AN MRI SCAN, INFORM YOUR DOCTOR THAT YOU'VE HAD MICROBLADING DONE.
- ✓ IF YOU ARE DOING TO DONATE BLOOD AFTER THE PROCEDURE, INFORM YOUR NURSE THAT YOU HAVE HAD MICROBLADING DONE.
- ✓ IN YOU ARE PLANNING TO HAVE A CHEMICAL PEEL OR ANY OTHER MEDICAL PRODECURE PLEASE INFORM YOUR THERAPIST THAT YOU HAVE HAD MICROBLADING DONE.

ONCE YOUR 14 DAY HEALING PERIOD IS DONE YOU CAN WORKOUT, WEAR MAKEUP, SWIM, SPEND TIME OUTDOORS, AND RESUME NORMAL USE OF FACIAL PRODUCTS AND CLEANSING YOUR HAIR.

If you do suffer an allergic reaction, you should contact your doctor immediately, inform Perlesta Omosowofa and Texas Department of State Health Services, Drugs and Medical Devices Group, at 1-888-839-6676.