



Consent and Release Agreement

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow Embroidery Semi-permanent makeup application. If you have questions, please do not hesitate to ask.

Although 3D Eyebrow Embroidery is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. This is the process of inserting pigment into the epidermis layer of the skin and is a form of semi-permanent tattooing. All instruments that enter the skin or come in contact with body fluids are disposable and are 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 during the first appointment. 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 is semi-permanent and will fade over time and will likely need to be touched-up once a year.

PHOTOGRAPHY RELEASE CONSENT

We would like your permission to use photos taken for advertising (e.g. in portfolios, online, or in print advertisements, etc.). Your consent is necessary regarding this. Please CIRCLE and indicate with your signature if you would like your photos used or not used in advertising.

YES, please feel free to use them.

NO, please do not use them.

Signed: _____ Date _____

Email: _____ Phone: _____

Special requests, concerns or remarks for technician:

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 more than on 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" on the back of this form for instructions on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding, and/or 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. Bruising and swelling typically disappears within 1-5 days. Some do not 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 us now.
- **Allergic Reaction:** There is the 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 the above possibilities are to use cosmetics and not undergo the 3D Eyebrow Embroidery procedure.

Consent and release for procedures performed

Signed _____ Date _____

STATEMENT OF CONSENT AND RECITALS: Please read and initial all lines

____ After care instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email you.

____ 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. These will alter the color.

____ I understand that sun, tanning beds, pools, some skin care products, and medications can affect my semi-permanent makeup.

____ I accept the responsibility to explain to you my desire for specific colors, shape, and position fo any procedure done today.

____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and we will need to maintain the color with future applications. A 4 week touch up appointment is included with the initial service and should be completed no more than 60 days from the initial appointment.

____ 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 rentention, and hyper-pigmentation.

Continued on back

_____ I have been quoted the cost of today's appointment, which includes one (1) touch up after 30 days and within 60 days. After 60 days a fee will apply and 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 _____ as my 3D Eyebrow Embroidery technician to perform on my body the 3D Eyebrow Embroidery procedure desired today.

Signed: _____ Date: _____

CLIENT MEDICAL HISTORY FORM

Date: _____ Birth Date _____ Age: _____ DL or ID# _____

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Emergency contact person: _____ Phone: _____

Do you presently have or previously had any of the following: (Circle Yes or No)

- | | |
|--|--|
| Yes / No History of MRSA | Yes / No Pregnant Now / Breast Feeding Now |
| Yes / No ...Botox (last treatment _____) | Yes / No Brow or Lash Tinting |
| Yes / No ...Hepatitis (A, B, C, D) | Yes / No ...Autoimmune Disorder |
| Yes / No ...Forehead / Brow Life | Yes / No ...Oily Skin |
| Yes / No ...Easy Bleeding | Yes / No ...Cancer (Year _____) |
| Yes / No ...Face Lift | Yes / No ...Accutane or Acne Treatment |
| Yes / No ...Alcoholism | Yes / No ...Chemotherapy / Radiation |
| Yes / No ...Abnormal Heart Condition | Yes / No ...Tan by booth or sun |
| Yes / No ...Take medications before dental work | Yes / No ...Tumors / Growths / Cysts |
| Yes / No ...Chemical Peel (last treatment _____) | Yes / No ...Difficulty numbing with dental work |
| Yes / No ...Taking Blood Thinners (e.g. aspirin Ibuprofen, alcohol, Coumadin, etc.) List: _____ | |
| Yes / No ...Allergic reaction to any medications (e.g. Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc.) | |
| Yes / No ... Allergies to metals, certain foods, etc. List: _____ | |
| Yes / No ... Any diseases or disorders not listed. List: _____ | |
| Yes / No ... Do you use skin care products containing Retin-A, Glycolic Acid or Alpha Hydroxy? | |
| Please list medications or vitamins you are presently taking. List: _____ | |

Signed: _____ Date: _____

EYEBROW AFTERCARE

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

- It is important not to get brows wet during the healing process (5-7 days).
 - Use clear Vaseline ointment during the healing process. When applying ointment, the following procedure is done **each morning and night and before showers and workouts** for the full healing days: Apply the product, leave it on for five to ten minutes (or while in shower), then with a tissue or dry cotton wipe gently across each brow **once** to get off the excess goo, then **dab** each brow till it is dry, after a couple minutes dab again to ensure that nothing is left on the brow. However, **starting on day three when scab starts to appear, do not wipe - only dab till dry**, you must be gentle, do not pull off the scabs prematurely. Your brows should remain dry all day and all night. Following this procedure will ensure the formation of thin scabs thus more color retention. Keep out of the sun for seven days. Then after seven days wear sunscreen to aid in the longevity of your tattoo.
 - As instructed apply the ointment with freshly washed hands or a Q-tip. **Never touch** the procedure area without **washing your hands** immediately before.
 - Although dry healing seems to produce the best results, if the skin is feeling tight or itchy, you may place a thin layer of Vaseline on the brow throughout the day.
- It is very important to keep the brows covered with ointment while in shower or during a strenuous workout to prevent moisture from penetrating. Remove ointment per above instructions.**
- **Do not** scrub, rub or pick at the epithelial crust that my form. Allow it to flake off by itself. If it is removed prematurely, the pigment underneath can be pulled out with the scab.
 - **Do not** use any makeup on the brows for at least 7 days.
 - After the procedure is completely healed, you may go back to your regular cleansing and makeup routine. Avoid scrubbing the area. Use sun block after the procedure area is healed to protect from sun fading.
 - **FAILURE TO FOLLOW AFTER-CARE INSTRUCTIONS MAY RESULT IN INFECTION, PIGMENT LOSS OR DISCOLORATION.**

Cautions: If the skin around the eyebrows becomes red or inflamed or breaks out in a heat-like rash (small pimples/bumps), **Please call immediately** so a technician can make note of the reaction and follow up to ensure this is not a more serious situation. If it is too dark or still a bit uneven after 4 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 four weeks.



Custom Color Consultation Form

Client Name: _____ Date: _____

REMEMBER: Fill cup approximately ½ full with base color prior to color blending. Stir mixture with a microbrush to blend.

Under tone: (check one)

Warm: _____

Cool: _____

Use the chart below to record client formula for custom color blending.

Instructions: Check the base color box first. Always fill cup ½ full with the base color prior to adding other colors. Enter the number of drops used for the undertone and lightener.

For color corrections:

- Choose Warm Up to correct grey or blue

	Med Brown	Dark Brown	Black Brown	Warm Up	Tone Correct
Base Color					
Undertone					
Lightener					

Special requests, concerns or remarks
