

INFORMED CONSENT FOR MICROBLADING

I understand the following completely: (initial each statement)

___ Microblading can last 6-18 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration. The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get desired result.

___ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

___ There may be risks and hazards related to performing this procedure.

Allergic reaction can occur from any anesthetics used during the procedure. If I suffer from an allergic reaction, I will contact my doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.

___ There may be pain and discomfort during this procedure.

___ Microblading is considered semi-permanent and can/will fade over time.

___ I am not pregnant.

___ I am not under the influence of drugs and/or alcohol or any other mind altering substance.

___ I have truthfully filled out the medical history form and have informed the microblader of all medications I have taken.

___ I fully understand the procedure and give permission to the microblader to perform the service of Microblading and all procedures and steps involved.

___ Final result cannot be determined until brows are completely healed at 4 to 6 weeks.

___ I release Monarch Skin Rejuvenation Center and its representatives and licensed microblader of all claims and injury, seen or unseen that may occur as a result of this procedure.

Contraindications for Microblading

- Liver Disease – high risk of infection
- Compromised skin near brow area
- Skin conditions like psoriasis, dermatitis near brow area
- The following medical conditions require a note from Doctor giving consent:
 - Diabetes Type 1 and 2, high blood pressure, auto-immune disease, thyroid /Graves' disease
 - Any other medical condition that causes slow healing or a high risk of infection.
- Pregnancy/Nursing
- Chemotherapy/Radiation

I certify that I have read and initialed the above paragraphs and have had it explained to my understanding. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I, _____, give Monarch Skin Rejuvenation Center permission to perform my microblading procedure.

Client Signature _____ Date _____

Technician Name _____ Date _____

