



## MICROBLADING PRE-PROCEDURE ADVICE

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PLEASE READ THE FOLLOWING ADVICE CAREFULLY AND SIGN AT THE END.

**Microblading procedure** normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place between 4-6 weeks after the initial procedure.

- Please be aware that color intensity will be significantly darker and sharper immediately after the procedure. This will reduce by 30%-50%
- Although numbing cream is used during the procedure, slight sensitivity/ discomfort may still be felt by sensitive clients.
- Delicate or sensitive skin may be red and/ or swollen after the procedure.
- Please wear your normal make-up to the salon on the day of your procedure.
- Please do not drink alcohol the night before treatment.
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper (*Piper nigrum*), Cardamom (*Elettaria cardamomum*), any member of the Zingiberaceae (*Ginger*) family, Cayenne (*Capsicum frutescens*), Cinnamon (*Cinnamomum cassia*), Mustard, Garlic (*Allium sativum*), Horseradish (*Armoracia lapathifolia*).  
A patch test will be performed, unless waived upon request.
- Any brow shaping using waxing should be performed at least 48 hours before the treatment.
- Electrolysis treatment should be undergone no less than 5 days before the treatment.
- AHA preparations should be undergone no less than 2 weeks before the treatment.
- Chemical, laser peel or Retin-A should not be utilized 6 weeks before the procedure.

### Topical anesthetic advice:

**Allergic reaction:** Can occur from any anesthetics used during procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.

**Numbness:** We 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/ chemist. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment. 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 advice/ after care for the best results.

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

CLIENT'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THERAPIST'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING

Name: \_\_\_\_\_ Dob: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

List any medications you have been taking in the last six months: \_\_\_\_\_

Have you had chemotherapy or radiation in the past year?: \_\_\_\_\_

Have you ever had an allergic reaction to one of the following?:

- LANOLIN       LATEX RUBBER       VASELINE       MEDICATION       METALS       HAIR
- DYES       LIDOCAINE       CRAYONS       GLYCERINE       PAINTS       FOOD

Other allergies: \_\_\_\_\_

Have you ever had one of the following?:

- RETIN-A WITHIN LAST TWO WEEKS       ANEMIA       SENSITIVITY TO COSMETICS       PROLONGED BLEEDING
- TRICHOTILLOMANIA       LOW BLOOD PRESSURE       ARTIFICIAL HEART VALVES       HIGH BLOOD PRESSURE
- FAINTING SPELLS OR DIZZINESS       HEMOPHILIA       LIVER DISEASE       DIABETES       EPILEPSY       CANCER
- TUMORS, GROWTHS & CYSTS       CIRCULATORY PROBLEMS       HIV       HEPATITIS       HAIR LOSS       ALOPECIA
- THYROID DISTURBANCES       CHEMICAL OR LASER PEEL WITHIN SIX WEEKS       HYPERTROPHIC SCARS       KELOID SCARS
- AHA PREPARATIONS IN THE LAST TWO WEEKS       FAT INJECTIONS, BOTOX INJECTIONS, COLLAGEN INJECTIONS
- HEALING PROBLEMS       DO YOU SCAR EASILY?       DO YOU BLEED EASILY?       ARE YOU CURRENTLY PREGNANT OR NURSING?

**Please read the following statements carefully:** Microblading is a way of cosmetic tattooing. Re-touch procedures may be required. A healing period of 4 weeks is required before a touch-up procedure can be performed. On a rare occasion, the pigment may migrate under the skin. Procedure of microblading may be slightly uncomfortable. The pigments will fade. Immediately after the procedure, the pigment can appear 30-50% darker than the desired result. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. Permanent cosmetics cannot be applied to pregnant women or nursing mothers. Permanent cosmetics cannot be applied to any person under the age of 18. Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/ discuss with your doctor. Possible scarring may occur, but is extremely rare.

I HAVE RECEIVED AN AFTERCARE LEAFLET AND I AM FULLY AWARE OF THE AFTERCARE PROCEDURES.

I HAVE FULLY UNDERSTOOD THE INFORMATION PROVIDED ABOVE. I CAN CONFIRM THAT ALL OF THE INFORMATION PROVIDED BY ME IS CORRECT AND TRUTHFUL.

CLIENT'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THERAPIST'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# 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 SPEAK TO YOUR THERAPIST.

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

I accept the responsibility for determining the color, 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 color 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: medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, post-procedure aftercare. 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 aftercare 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 color 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 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.

I can confirm that I have received a copy of aftercare 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 CITRUS SALON AND DAY SPA, INC. AND LINDSAY GALE.

For the purpose of documentation, record and use in portfolio, I 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 LINDSAY GALE TO PERFORM MICROBLADING PROCEDURE ON ME AT CITRUS SALON AND DAY SPA LOCATED AT 1201 DEKALB PIKE, BLUE BELL, PA 19422.

CLIENT'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT'S ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

TECHNICIAN'S NAME: LINDSAY GALE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_