

MICROBLADING CONSENT FORM



Possible Risks and Complications

Pain: There can be pain even with the topical anesthetic. Some people have more pain than others.

Infection: Infection is very uncommon if you follow the aftercare guidelines.

Uneven Pigmentation: Pigment may appear uneven due to the procedure or the healing or aftercare. These issues will be addressed at your follow-up appointment.

Asymmetry: Every effort will be made to avoid asymmetry. Faces are not symmetrical to begin with, any realistic adjustments can be made at the follow up session.

Swelling/Redness/Bruising: Bruising is almost never seen. Some people swell, while others do not. Swelling should disappear in a few hours.

Bleeding: Bleeding during Microblading should be "pin-point". If you have excessive bleeding you may not have desirable results.

Anesthetics: If you are allergic to any numbing agents you must inform me immediately.

The alternative to these possibilities is to wear traditional cosmetic makeup. Do not undergo this semi-permanent eyebrow procedure.

I, _____ hereby consent to and authorize Molly Lederer, Microblading by Molly, LLC to perform Microblading on my face.

I have voluntarily elected to undergo this treatment/procedure for the purpose of _____ this treatment has been explained to me, along with the risks and benefits. (initials)

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle. _____ (initials)

I understand that this is a 2 and sometimes 3-step process and I will be required to return no later than 60 days after the initial procedure for further treatments to obtain the expected results. Anytime past the 60 day period will require payment. _____ (initials)

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. _____ (initials)

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. _____ (initials)

I acknowledge that the proposed procedure involves risks inherent in the procedure, and have possibilities of complications during and/or following the procedure such as: infection, poor color retention and hyper-pigmentation. _____ (initials)

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the technician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed): _____

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____