

MICROBLADING DISCLOSURE AND RELEASE AGREEMENT

Please read and fill out this “Disclosure & Release Agreement” completely, making certain that you understand all information provided, and that your information is correct. You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

In order to perform the eyebrow Microblading treatment in a safe manner, please answer the following health questions truthfully.

Do you suffer from the following diseases or are you taking any of these medications?

Smoker?	YES	NO
Hemophilia?	YES	NO
Diabetes Type 1 or 2?	YES	NO
HIV?	YES	NO
Skin Diseases?	YES	NO
Eczema?	YES	NO
Allergies?	YES	NO
Autoimmune diseases?	YES	NO
Are you prone to herpes?	YES	NO
Infectious diseases/High Fever?	YES	NO
Epilepsy?	YES	NO
Cardiovascular problems?	YES	NO
Are you taking medications for blood thinning?	YES	NO
Are you pregnant or breastfeeding?	YES	NO
Taking any medications on a daily basis?	YES	NO
Do you have a pace maker?	YES	NO
Any problems with healing and wounds?	YES	NO
Have you consumed Drugs or Alcohol in the last 24 hrs?	YES	NO
Did you undergo any type of surgery in the last 14 days?	YES	NO
Have you had Botox in the last 2 weeks?	YES	NO
Do you have any allergies to Lidocaine?	YES	NO

Are you currently taking Fish Oils?	YES	NO
Are you prone to keloid scars?	YES	NO
Taking any oral retinoids such as Accutane?	YES	NO
Very oily skin? If yes, please be aware that you may require additional touch ups to achieve desired results. Any touch ups required after your complimentary 4-12 week one, will be \$350 per treatment. Please initial that you understand this _____ (initial).	YES	NO
Any scars in brow area? If yes, please be aware that you may require additional touch ups over the scar area to achieve desired results. Any touch ups required after your complimentary 4-12 week one, will be \$350 per treatment. Please initial that you understand this _____ (initial).	YES	NO
Hepatitis A, B, C, D, E, F?	YES	NO
Do you have old brow permanent makeup or have had microblading done by another artist? If yes, please initial that you understand that your old PMU may have scar tissue underneath and may cause your new pigment not to retain. You will receive your complimentary 4-12 week touch up, but any additional touch ups that you may require as a result of your old PMU will be additional \$350 per treatment. _____(initial).	YES	NO

Please read and INITIAL the statements below to indicate "I understand the following completely":

_____ I was presented a single use needle in a sterile and sealed package, that is to be used during the tattoo, and explained that only approved ink handling procedures would be used; and opened all single use needles that are to be used during the tattoo.

_____ There may be risk of infection if aftercare instructions are not followed.

_____ I realize that there is potential for discomfort during the procedure and during the healing process.

_____ No warranty has been made to me as a result of this semi permanent makeup

_____ There is a possibility of bleeding, swelling, and allergic reactions to the pigments used. micro- pigmentation or correction procedure, and that the final result cannot be guaranteed.

_____ Cosmetic tattooing is considered semi-permanent, and will fade with time.

_____ A tattoo can only be removed with surgical or laser procedures, and that any effective removal may leave permanent scarring or disfigurement.

_____ Misplacement or migration of the pigment can occur, under rare circumstances, requiring excision and/or correction of the misplaced pigment.

_____ Depending on the skin structure, it has been noted that change in the color intensity is inevitable, and that one or more additional treatments will be required. The intensity of the strokes from my first session can and will look very faded after the initial scabbing comes off. THIS IS NORMAL. Some clients only have 10-20% retention after their first visit, while others have 70-80%. This DOES NOT mean that the service was not performed correctly. It is the nature of this semi permanent service, and the final result can not be determined until after I have healed from my 4-12 week touch up appointment.

_____ I have reviewed the FAQ & Policies sections on www.betterbrowsnyc.com prior to my appointment, and I fully understand the information provided there, and have had any further questions I've had answered.

_____ My technician will not, under any circumstance, perform any procedures on me if I am known to have any allergies related to the products used. (Our pigments contain: Sterile Water, Glycerin, Isopropyl Alcohol, Iron Oxides, Titanium Dioxide, Chromium Oxide)

_____ I understand that I must inform my technician of any and all medication(s) I am currently taking. (Pain control medications such as aspirin or ibuprofen may cause the blood to thin, and excessive bleeding may occur during or after the procedure.)

_____ I do not currently take Accutane and/or have not taken for at least 12 months.

_____ I understand that I must inform my technician of any skin condition(s) I may have. (Psoriasis, Eczema, etc.)

_____ I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure.

_____ I understand that it is my responsibility to book my follow up appointment in a timely manner 4-12 weeks after my initial service, otherwise, I will have to pay the fee shown on the current price list for touch ups after 12 weeks.

_____ I am not under the influence of any drugs or alcohol.

_____ I am not pregnant.

_____ I am actually reading these and not just signing my initials.

_____ I release the studio and its representatives and subsidiaries of all claims for injury, seen or unseen, that may occur as a result of this procedure.

_____ I fully understand the questions, terms, and conditions of this Disclosure & Release Agreement. I accept to waive my rights for any claim against the technician for any reason whatsoever.

_____ I believe that I have sufficient information to give this informed consent.

_____ I certify that this Disclosure & Release Agreement was completed by me and that all entries and information are true and complete to the best of my knowledge.

First & Last

Legal Name: _____

Email Address:

Date of Birth (MM/DD/YYYY): ____/____/____ Phone: _____

Signature: _____

Date (M/D/Y): ____/____/____

PLEASE CHOOSE:

_____ YES, I would like to give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)

_____ NO, I would NOT like to give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)

TECHNICIAN SIGNATURE _____