



BROWSMITH
MICROBLADING CO.

GENERAL CONSENT

If unforeseen conditions arise in the course of the microblading procedure, I authorize my practitioner to use their professional judgement to decide on what he/she feels necessary in the given circumstances.

- I accept the responsibility for determining color, shape and position of the microblading procedure as agreed during consultation.
- 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 will fade, pigment itself may stay in the skin indefinitely.
- 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, personal pH balance of skin, alcohol intake, smoking, and post-procedure aftercare.
- Upon completion of the procedure, there might be swelling and redness of the skin, which will subside between 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 of the sun should be limited until the skin has fully healed. Please see aftercare for more details.
- I have been advised that the true color will be seen one 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 by the practitioner. I can confirm that I have received a copy of the 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 my practitioner.
- 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 I 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 my practitioner to perform Definition Brows Microblading.

Client Name Printed

Client Signature

Date