



AGREEMENT FOR PERMANENT COSMETICS

This form is designed to give information needed to make an informed choice of whether or not to undergo a permanent cosmetics application. If you have questions, please don't hesitate to ask.

Although permanent cosmetic tattooing is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing. All instruments that enter the skin or come in contact with body fluids are in a sealed/sterilized package before use and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual to expect a touch-up after the healing is completed.

This procedure is done by hand, which indicates there is room for error and small discrepancies. This is normal for any microblading procedure. Initially the color will appear much more vibrant or darker compared to the end result. Usually within 60 days the color will fade 10-30%, soften and look more natural. The pigment is semi-permanent and will fade over time. Touch-ups are needed to maintain the shape and color.

Microblading results are not guaranteed and if you are not happy with the results no litigation or social media slander can be taken against **Jennifer Clark Skincare** or any of its employees.

Signature _____

Date _____



Statement of Consent and Release for Jennifer Clark Skincare:

Please read and initial all lines:

_____ Aftercare instructions have been explained to me and a copy has been given to me to retain in my possession, which I will follow to the best of my ability.

_____ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

_____ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

_____ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

_____ I accept the responsibility to explain to you my desire for specific colors, shape, and position for any procedure done today.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session within 60 days.

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

_____ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue. Touch-ups must be completed within 60 days of initial procedure.

_____ I have been quoted the cost of today's appointment is : _____

_____ I recognize that the tattoo inks used here are not approved by the FDA and therefore the consequences of using them are unknown.

_____ I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize Jennifer Clark to perform on my body the Eyebrow Microblading procedure desired today. I understand that results are not guaranteed and this procedure is elective.

Signed _____ Date _____

Print Name: _____ Ink Color : _____

Ink Lot #: _____ Blade Size and Lot #: _____

jennifer clark

skincare

Client Name: _____
Procedure Date: _____ Birth Date: _____
Address _____
Phone _____
Emergency Contact Person _____

Do you have or previously had any of the following: (Circle YES or NO)

- YES NO History of MRSA
YES NO Botox (Last treatment) _____
YES NO *Diabetes
YES NO Hepatitis A B C
YES NO Forehead/Brow Lift
YES NO *Cardiac Valve Disease
YES NO *Hemophilia or other bleeding disorders
YES NO Alcoholism
YES NO *Herpes at proposed procedure site
YES NO *Pregnant now – Breastfeeding now
YES NO Autoimmune disorder
YES NO Oily Skin / Sensitive skin
YES NO Cancer (Year: _____)
YES NO Accutane or acne treatment
YES NO Chemotherapy/ Radiation
YES NO Tan by booth or salon
YES NO Tumors/ Growth/ Cysts
YES NO Difficulty numbing with dental work
YES NO Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc
YES NO Allergic reaction to any medications such as Lidocaine, Tetracaine,
Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene
Glycol, Vitamin E Acetate, etc
YES NO *Allergies to latex or antibiotics
YES NO Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha
Hydroxy?
YES NO *Prior to dental work I am required to take antibiotics
YES NO I consent to my before and after photos to be used for marketing purposes.

Please list any other medications you are taking :

I agree that all the above information is true and accurate to the best of my knowledge. I am aware that this procedure does not guarantee specific results.

Signed: _____ Date: _____



A TIMELINE OF WHEN YOU WILL PANIC AND WHAT TO EXPECT

Day 1: Leaving the appointment you will LOVE your brows, you wont be able to stop looking in the mirror at how marvelous the hair strokes look and how “framed” your eyes are and you will wonder; have my eyes always been this pretty ? Please be careful while driving.

Day 2: You will wake-up and marvel at the fact that you still have eyebrows on your face. Late in the day you will try to remember if you are supposed to wash your face or not, but since you were so excited about getting eyebrows you didn't pay attention to anything I said and you wont be able to remember my instructions. Now brace for the panic to set in.

Day 3-7: Now you aren't sure, you loved them in the beginning, but they look to dark maybe? Is this the right shape? And they are starting to scab and fall off ! They are all patchy looking I want to fill them in with make-up, people will be terrified of me if I go in public. OMG I'm not going to have any brows left ! I'm totally using make-up even though I was told not too.

Day 7-14: All my eyebrows fell off and now I look just like when this process started. Did I waste my time and my money ? This was dumb.

Day 15-28: Whoa ! I am starting to see the hairs again, thats so weird. I cant wait for my touch-up to finish the shape and filling some spots !

Touch-up: They are back to beautiful ! This was the smartest thing I've ever done, I am a genius. Now my brows are water-proof and sweat-proof and kid-proof and pet proof and I don't have to guess where to put them when I want to draw them on.



AFTERCARE INSTRUCTIONS

Microblading results depend heavily on how you take care of your brows post-procedure. Please be gentle with your brows after you have been microbladed. It is normal for a small amount of hair strokes to fall out during the healing process. Your brows will also go through a fading process. Adjustments to the color and shape will be made at the second follow-up appointment.

Please restrict physical activities such as bathing, recreational water activities, gardening and contact with animals for the first 24 hours following your procedure, infection is possible if the micro bladed area is not kept clean and dry.

1. **DO NOT** get your brows wet for the first 24 hours after your appointment. You may wash the rest of your face, but avoid the brow area. After 24 hours have passed use a foaming cleanser and gently pat your brow, **DO NOT** rub or scrub the area.
2. **DO NOT** wax your brows until **AFTER** the hair strokes have healed.
3. **DO NOT** apply makeup to your brow for approximately 5-10 days after your appointment.
4. **DO NOT** rub or pick at the microbladed area, this can remove the ink.
5. **DO NOT** work out after, wait 5-10 days post procedure.
6. **DO NOT** have prolonged sun exposure for at least 10 days after your brow treatment.
7. **DO NOT** have glycolic peels or laser treatments 2 weeks before or after your eyebrows are microbladed.
8. **DO** wash your hands before you touch your face to reduce chances of infection.
9. **DO** pull your hair back if you have bangs.
10. **DO** use sunblock on your brows **AFTER** they have healed to prolong their life.
11. **DO NOT** PUT ANY OINTMENT ON YOUR BROWS. If they itch dampen a q-tip with water and gently press on the dry part of your brow.
12. **DO NOT** ANY chemicals on your eyebrows for the first 2 week. Chemical interactions have the potential to change the color of your microblading. In addition, after your microblading has healed keep your foundation **OFF** your brows, it makes them look grey/green.
13. **DO** Use a foaming gentle antibacterial soap the day after and gently cleanse the area, **DO NOT** rub or scrub this area, then pat dry.
14. **DO** wash your pillowcases if you share space with your pets.

Redness, light swelling and tenderness are common after your microblading procedure. The following are signs and symptoms of minor infection, including, but not limited to, redness, swelling tenderness of the procedure site, these are common and do not require medical attention. The following symptoms are serious and DO require medical attention: red streaks going from the procedure site towards the heart, elevated body temperature or purulent drainage from the procedure site. If you experience any combination of these last three symptoms please seek medical attention.