

Michelle's Salon and Spa at Five Seasons

Microblading Disclosure & Release Agreement 2024



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.

Please read and INITIAL the statements below to indicate:

- _____ No food, drinks, or making/receiving phone calls are allowed in the procedure area. This goes for any guest of the client, as well.
- _____ No warranty has been made to me as a result of this semi-permanent Microblading or correction procedure, and that the final result cannot be guaranteed.
- _____ 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.
- _____ There is a possibility of bleeding, swelling, and allergic reactions to the pigments used.
- _____ Microblading is considered semi-permanent, and will fade with time.
- _____ 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 understand that I must inform my technician of any skin condition(s) I may have. (Psoriasis, Eczema, etc.)
- _____ I am not under the influence of any drugs or alcohol.
- _____ I am not pregnant.
- _____ Aftercare instructions have been explained to me and a written copy has been given to me, which I will follow to the best of my ability.
- _____ 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 release Michelle's Salon and Spa at Five Seasons 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 Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

E-Mail Address: _____

I certify I am 18 years of age or older

Client Signature: _____ Today's Date: _____

Technician Signature: _____ Today's Date: _____

Michelle's Salon & Spa at Five Seasons

Microblading Client Medical History



Please be as accurate as possible when filling out this form

History of Skin Cancer	Y	N
History of MRSA	Y	N
Botox/Chemical Peels/Dermaplaning	Y	N
Diabetes	Y	N
Hepatitis A, B, C or D	Y	N
Brow or Face lift	Y	N
Abnormal Heart Conditions	Y	N
Bleeding Disorders	Y	N
Stroke or Neurological Disorder	Y	N
Chronic Viral Infections	Y	N
Anticoagulants (including Aspirin)	Y	N
Epilepsy/Seizures	Y	N
High Blood Pressure	Y	N
Circulation Disorders	Y	N
Nursing/Pregnant	Y	N
Allergies to any medications	Y	N

If yes, which ones: _____

Allergies to any metals	Y	N
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If yes, which ones: _____

Take any medications daily	Y	N
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If yes, which ones: _____

I certify that all information given is correct and complete to the best of my knowledge

Client Signature: _____

Date: _____

Technician Signature: _____

Date: _____

I authorize a payment for the amount of **\$400** for this procedure and a payment of **\$75** for any touch-ups within the following year to **Michelle's Salon & Spa at Five Seasons**

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Microblading After-Care



1. **KEEP AREA CLEAN!** Do not touch or rub your brows, do not cover or apply any ointment besides what has been instructed to you for the first 7 days.
2. **DO NOT GET BROWS WET FOR AT LEAST 7 DAYS!** When taking a shower, do not let your face get wet from the shower steam. If your brows accidentally get wet, pat dry with a paper towel and let them air dry. Keep your face clean with facial wipes or a damp washcloth. Below your brows, you can proceed with normal routine.
3. **APPLY OINTMENT AFTER 4 DAYS!** After 4 days from your treatment, start applying a small amount of ointment on each eyebrow with clean hands or a cotton swab. Spread a very thin layer of ointment every morning and night until all scabs have fallen off by themselves. The treated area should not appear greasy or shiny (if so, you used too much ointment) as this can suffocate the skin and prolong the healing process. Never apply ointment on wet or damp eyebrows. Apply ointment until brows are no longer scabbing.
4. **DO NOT** disrupt the healing process. Do not peel, pick or scratch at the scabbing. If scabbing is picked or scratched off before it naturally comes off, brows may heal patchy or scarring may occur.
5. **FOR FULL 14 DAYS NO:** Increased sweating, working out or sports. No swimming pools, sauna's, hot baths or Jacuzzi's. No waxing, threading or hair removal of any kind. No sun-tanning or tanning beds. No facials, chemical peels, treatments or creams containing Retin-A or Glycolic Acid (AHA) on the treated area. No Botox treatments for 4 weeks post-procedure.
6. Once ALL scabbing has naturally fallen off, you can resume normal routines.
7. Please keep in mind: After your brows are done scabbing, they may appear very light. This is completely expected and part of the healing process. It takes 4 to 6 weeks for your skin to heal and for the color to rise to the top layer of the skin. Once completely healed, always apply a layer of sunscreen SPF 30 or higher to prevent premature fading.
8. **Touch-Ups:** After 1st initial procedure, a touch-up is required after 6-8 weeks. After that, touch-ups are recommended every 1-2 years.

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Microblading Before-Care



1. Arrive with a clean face. (No Make-up, moisturizers, etc.)
2. **NO** alcohol or caffeine 24 hours before the procedure
3. Stop taking Aspirin, Niacin, Vitamin E, fish oil, CoQ10 and/or Ibuprofen 48 hours before procedure
4. **NO** waxing or brow tinting 3 days prior to procedure
5. **DO NOT** tan or have a sunburned face the day of procedure
6. **DO NOT** work out or sweat heavily the day of procedure
7. **NO** Retinols/Retin-A or other Anti-Aging/Acne creams, or serums, containing acids as these will fade brows prematurely.
8. **NO** chemical peels 60 days before procedure (brows will peel quicker due to chemicals traveling under the skin)
9. **NO** Botox treatments for 3 weeks prior to procedure

Appointments can last up to 3 hours from start to finish. Due to this, and the nature of the procedure, babies and children are not allowed to be in the room. Please make proper arrangements for the appointment time.