

# studio sugar

## *Microblading*

### Informed Consent and Release; Health History

This form provides information about microblading, which involves the application of semi-permanent makeup. You are encouraged to carefully review the information provided in order to make an informed decision as to whether to undergo the microblading procedure.

Microblading involves the insertion of pigment into the dermal layer of the skin and is a form of tattooing. Initially the color will appear more vibrant or darker compared to the end result. Usually within 7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time and will likely need to be touched up with 12 to 18 months.

All instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use. Cross contamination guidelines are carefully and strictly adhered to.

Generally, the results of microblading are excellent; however, a perfect result is not a realistic expectation. It is usual to expect a touch-up after the healing is complete.

Possible risks, hazards, or complications:

- Pain: There is a possibility of pain or discomfort even after the topical anesthetic has been used. Anesthetics work better on some people than others.
- Infection: Although rare, there is a risk of infection. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care.
- Uneven pigmentation: This can result from poor healing, infection, bleeding or many other causes. Your follow-up appointment will likely correct any uneven appearance.
- Asymmetry: Every effort will be made to avoid asymmetry but our faces are not symmetrical. Adjustments may be needed during the follow-up session to correct unevenness.
- Excessive swelling or bruising: Some people bruise and swell more than others. Ice packs may help. The bruising and swelling typically disappears within 1-5 days.
- Anesthesia: Topical anesthetics are used to numb the area to be microbladed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these or have ever had an issue with anesthesia, please inform us now.

- Allergic reaction: there is a possibility of an allergic reaction to the pigments or other materials used. You may take a 5-7 day patch test to determine this. Please initial:
  - Waive \_\_\_\_\_
  - Take \_\_\_\_\_

The alternative to these possibilities is to use cosmetics and not undergo the microblading procedure.

## *Health History*

Have you had any of these health conditions in the past or present? Please check all that apply

- High Blood Pressure
- Heart Problems or Pacemaker
- Epilepsy
- Seizure Disorder
- Hepatitis
- HIV/AIDS
- Lupus
- Blood Clotting Abnormalities
- Keloid Scarring
- Any Active Infection
- Diabetes
- Organ Transplant

## *Consent and Disclosure for Microblading Procedure*

Please read and initial all lines

\_\_\_\_ I am currently not under the influence of any drugs or alcohol.

\_\_\_\_ I am not pregnant or nursing.

\_\_\_\_ I do not currently nor have I taken Accutane within the last 12 months.

\_\_\_\_ I have not had Botox and/or other cosmetic filler procedures within the past two weeks.

\_\_\_\_ I have not had surgery of any kind in the past six months.

\_\_\_\_ I have not taken any blood thinning medication within the past 72 hours nor have I taken aspirin within the past 24 hours.

- a. Rivaroxaban (Xarelto)
- b. Dabigatran (Pradaxa)
- c. Apixaban (Eliquis)
- d. Heparin (various)
- e. Warfarin (Coumadin)

\_\_\_\_\_ Aftercare instructions have been explained to me and are attached to this consent form. A written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email my technician.

\_\_\_\_\_ I have received the Eyebrow Microblading FAQ prior to my appointment, and I understand the information listed there.

\_\_\_\_\_ 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 the treated areas. They will alter the color of the microbladed eyebrows.

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

\_\_\_\_\_ I accept the responsibility for explaining to my technician my desire for specific colors, shape, and position for any procedure done today.

\_\_\_\_\_ I understand that implanted pigment color can change or fade over time due to circumstances beyond Sugar's control and I will need to maintain the color with future applications and a touch-up session within 6-8 weeks.

\_\_\_\_\_ I acknowledge that the microblading procedure involves inherent risks and that there is a possibility of one or more complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention, and hyper-pigmentation.

\_\_\_\_\_ I have been quoted the cost of today;s appointment which includes one (1) touchup appointment within 6-12 weeks following today's appointment. After 12 weeks a fee will apply for any further touchups. There will be no refunds for this elective procedure.

Special instructions to the technician: \_\_\_\_\_

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TO BE COMPLETED BY THE TECHNICIAN:

COLOR(S) USED: \_\_\_\_\_ BRAND: \_\_\_\_\_

MEASUREMENTS: CENTER: \_\_\_\_\_ CENTER TO ARCH: \_\_\_\_\_ ARCH TO TAIL: \_\_\_\_\_

WIDTH AT FRONT: \_\_\_\_\_ WIDTH AT ARCH: \_\_\_\_\_ WIDTH AT TAIL: \_\_\_\_\_

I acknowledge that I am at least 18 years of age and I certify that I have read or have had read to me the contents of this form. I understand the risks and contraindications involved in this procedure. 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 materials given to me and I authorize Studio Sugar to perform the microblading procedure on me. I hereby release Studio Sugar, its employees and affiliates from any liability arising from the risks that are known and/or inherent in the microblading procedure.

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Signature

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Date

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Name (Please print)

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Phone number

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Email Address

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ID type/ DOB

### *Optional Photography Release Consent*

Studio Sugar would like to take before and after pictures depicting the results of your microblading procedure. We would like to request your permission to use these photographs for advertising. Advertising may include portfolios, brochures, online or print marketing, etc. Please initial one:

\_\_\_\_ YES, Please feel free to use photographs of me

\_\_\_\_ NO, Please do not use photographs of me