

BROWTIQUE

by Kendra

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

Although Microblading/Cosmetic Tattooing/Permanent Makeup 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 considered a form of tattooing.

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

Initially the color will appear much more vibrant or darker. Usually within 7-10 days the color will fade up to 40%, soften and look more natural. The pigment is semi-permanent and will fade over time and will likely need to be touched-up within 12 months to 2 years.

I, _____ am over the age of 18, am not under the influence of drugs or alcohol and desire to have permanent makeup performed. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

Photography Release Consent

We would like your permission to use these photos for marketing and advertising purposes. For example, in portfolios, online and in print ads, etc. Your consent is necessary regarding this. Please **check** and indicate with your signature if you would like your photos used or not used in advertising. (Answering NO may change procedure price if signed up for special pricing**)

_____ **YES**, feel free to use photos

_____ **NO**, please do not use photos

Signed: _____ Date: _____

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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 so adjustments may be needed during the follow up session to correct any unevenness.

Allergic Reaction: Although rare, 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 to: Waive____ or Take_____.

Consent and release for procedures performed:

Signed: _____ Date: _____

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Statement of Consents

Please read and initial all lines.

_____ Aftercare instructions have been given to me and I will follow the aftercare to the best of my ability. If I have questions I will call or email you.

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

_____ I understand that Retinol, Retin A, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. They will alter the color.

_____ I understand that sun, 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'm scheduled for an MRI.

_____ 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 procedure(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 quoted the cost of today's appointment, which includes one (1) touch up after 30 days and within 60 days. After 60 days a touch up fee will apply. There will be no refunds for this elective procedure once the treatment has been performed.

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) and 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 **Kendra Wisnoskie/Browtique By Kendra, LLC** as my Cosmetic Tattoo technician to perform on my body the procedure desired today.

Signed: _____ Date: _____

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Client Medical History Form

Name: _____ Birth Date: _____

Today's Date: _____ DL or ID#: _____

Phone#: _____ Email: _____

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

- Yes** **No** History of MRSA
- Yes** **No** Botox (last treatment _____)
- Yes** **No** Diabetes
- Yes** **No** Hepatitis (A,B,C,D)
- Yes** **No** Forehead/Brow lift
- Yes** **No** Easy bleeding
- Yes** **No** Face lift
- Yes** **No** Abnormal Heart Condition
- Yes** **No** Chemical Peel (last treatment _____)
- Yes** **No** Pregnant now/ Breast feeding now
- Yes** **No** Brow or Lash tinting
- Yes** **No** Autoimmune Disorder
- Yes** **No** Oily Skin
- Yes** **No** Accutane or acne treatment
- Yes** **No** Chemotherapy/ Radiation
- Yes** **No** Tan by booth or sun
- Yes** **No** Tumors/ Growths/ Cysts
- Yes** **No** History of cold sores
- Yes** **No** Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, ect.
- Yes** **No** Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, ect.
- List: _____
- Yes** **No** Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl? Please list medication or vitamins you're presently taking:
- _____

I agree that all the above information is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

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Microblading Post-Care Instructions

You will receive a copy of these instructions to take home.

- Apply a small amount of provided Aquaphor ointment twice daily starting the evening of your treatment
- After 12 hours you may wash the brow area using a gentle fragrance-free cleanser and water
- Do not scrub the brow area with a towel or sponge
- Allow brows to air dry before applying after care ointment
- DO NOT rub, pick or scratch the treated area. Let any scabbing or dry skin naturally exfoliate off as picking will cause pigment loss
- Avoid sun exposure, tanning beds, pools (chlorine is irritating), sauna, steam rooms, hot showers for three weeks
- Avoid activities that cause excessive sweating for at least 5 days
- Avoid sleeping on your face for the first two weeks
- No makeup or skincare products should be used on or around the brow for two weeks
- No Botox around brow area for two weeks
- No exfoliating facials, chemical peels or microdermabrasion for two weeks

Please Note: Immediately following your procedure, the tattooed area will appear to be 20-40% darker in color. This can last up to one week after the treatment while the initial healing process takes place (this is common for all permanent cosmetic procedures). The treated area may feel a bit sore afterwards but there should be minimal discomfort. During the initial healing period, there may be minimal scabbing or flaking of the skin. Do not pick, and allow the scab or dry skin to come off on its own.

The complete healing process takes 4-6 weeks, at which time the true color of the tattoo is evident. During this process, your microblading will soften and lighten. Be patient, even if you feel like too much color has been lost, your skin is still regenerating and naturally exfoliating. Wait at least 4 weeks to see true color, and after 4-6 weeks your touch up can be done. This touch up is included in your initial charge.