

**CONFIDENTIAL MEDICAL PROFILE**

AND

**CONSENT AGREEMENT FOR PERMANENT MAKEUP PROCEDURE**

*Please read the following pages front and back, and sign where indicated by "X"*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROV: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TO AVOID UNFORSEEN COMPLICATIONS, PLEASE ANSWER THE FOLLOWING:**

YES / NO Are you over the age of 18? If no: Legal guardian signature \_\_\_\_\_

YES / NO Have you had any aspirin or blood thinning products in the last 7 days?

YES / NO Have you had any mood-altering medications/drugs in the last 8 hours?

YES / NO Are you prone to Keloid scars?

YES / NO Are you sensitive to latex?

YES / NO Have you had any previous problems with tattoos?

YES / NO Do you have any problems with healing?

YES / NO Have you had a history of anemia?

YES / NO Are you undergoing radiation or chemotherapy?

YES / NO Are you currently using Retin-A Hydroxy skin care products?

YES / NO Have you had any permanent makeup procedures before?

If so, list the date of the most recent: \_\_\_\_\_

YES / NO Any history of skin diseases or remarkable skin sensitivity?

YES / NO Are you nursing or pregnant?

YES / NO Have you had any facial augmentation (Botox, collagen, etc.)? How long ago? \_\_\_\_\_

YES / NO Do you have any allergies? (List below)

YES / NO Any medical conditions? If yes, please list with a brief description including medications:

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

**X** \_\_\_\_\_

I, **X**\_\_\_\_\_, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about obtaining the microblading procedure(s) from Ashley Rubis. I also acknowledge that all of my questions have been answered below to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows.

## **DISCLOSURE & RELEASE FOR MICROBLADING PROCEDURE**

**I understand the following completely (initial each statement):**

X \_\_\_\_\_ Technicians make no attempt to, or claim to, practice medicine. If you are healthy and there are no visible reasons for restricting you from receiving a tattoo, you must approve of the procedure before the application of your permanent makeup.

X \_\_\_\_\_ Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. They will alter the color.

X \_\_\_\_\_ Sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.

X \_\_\_\_\_ I understand that if I have any skin treatments, injectables like Botox or filler, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my microblading procedure. I acknowledge some of these potential adverse changes may not be correctable. I will inform all skin care professionals or medical personnel about my permanent makeup.

X \_\_\_\_\_ I accept the responsibility for explaining to you my desire for specific colors, shape, and position for any procedure done today. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

X \_\_\_\_\_ Implanted pigment color can slightly change or fade over time due to circumstances beyond our control and I will need to maintain the color with future applications and a touch up session within 8 weeks.

X \_\_\_\_\_ 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.

X \_\_\_\_\_ Microblading can last 6-18 months depending on how my skin responds to the procedure. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get desired result.

X \_\_\_\_\_ There is no warranty or guarantee made to me for the result of this procedure. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

X \_\_\_\_\_ I accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during pre-drawing on day of procedure. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.

X \_\_\_\_\_ There is a possibility of bleeding, swelling, redness, allergic reactions to pigments, discomfort and pain during this procedure.

X \_\_\_\_\_ Microblading, though semi-permanent, may last permanently and may not fade.

X \_\_\_\_\_ Final result cannot be determined until brows are completely healed at 6 weeks.

X \_\_\_\_\_ Microblading is not a replacement for a "makeup" look and some clients may still feel the need to fill in their brows.

X \_\_\_\_\_ I have received aftercare instructions and will follow them to ensure results of my procedure are satisfactory.

X \_\_\_\_\_ I am NOT under the influence of drugs and/or alcohol or any other mind-altering substance.

X \_\_\_\_\_ I agree to follow all pre-procedure and aftercare instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of aftercare details.

X \_\_\_\_\_ I understand that my brow appointment must be scheduled at least 14 days from any COVID-19 vaccination. I accept responsibility for any unpredictable adverse healing that may occur due to the new vaccines, and will not hold Flawless Edge liable.

X \_\_\_\_\_

Date \_\_\_\_\_

## **INSTRUMENTS & SAFETY**

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

-I agree to comply with the studio protocols in place for the safety of staff and other clients in the building due to COVID-19. I acknowledge that even though these safety measures are in place, there is no guarantee that transmission of COVID-19 can be completely avoided due to factors that may not yet be known.

- If an unforeseen condition arises in the course of the procedure, I authorize my artist to use her professional judgment to decide what she feels is necessary under the given circumstances.

-I fully understand and accept that non- toxic pigments are used during the procedure. Even once the color fades, pigment itself may stay in the skin indefinitely. I have taken into consideration the possibility of ink getting onto my clothing garments, and may stain.

- The procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, skin products used prior.

X\_\_\_\_\_

## **POSSIBLE RISKS OR COMPLICATIONS:**

- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used

- **Pain/Numbness:** There is a possibility of pain or discomfort even after the topical anesthetic has been used. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.

- **Allergic reaction:** Can occur from any anesthetics used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately.

- **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 "Aftercare" for instructions.

- **Redness/Swelling:** As a result of the treatment, combined with the use of the anesthetic, you may experience some redness/swelling that can last 1-4 days.

- **Asymmetry:** Every effort will be made to avoid asymmetry; however, our faces are not symmetrical and adjustments may be needed during the follow up session to correct any unevenness.

- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.

### **The following medical conditions require a note from your doctor giving consent:**

Diabetes (Type 1 and 2), high blood pressure, cancer, auto-immune disease, thyroid/Graves' disease, any other medical condition that causes slow healing or a high risk of infection.

***The alternative to these possibilities is to use cosmetics and not undergo the permanent makeup procedure.***

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the healed color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. 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 **Ashley Rubis**, as my microblading artist to perform on my body the microblading procedure desired today.

**I request the skin pigmentation procedure(s) and accept the permanence of this procedure, the use of the anesthetic, as well as the possible complications and consequences of the said procedure.**

X\_\_\_\_\_

Date\_\_\_\_\_

## CLIENT PHOTO RELEASE

I hereby consent to, and authorize the use by Ashley Rubis of the specified microblading photographs and/or video; that is, photographs taken before, during and after my microblading procedure. I understand that my identity will be protected and my name will not be used in conjunction with the photographs and/or video. I understand that all the photos and/or videos will be clinically appropriate and tastefully presented. I have agreed on the photographs that Ashley Rubis requests to be used and it is understood that these photos may be used on Ashley Rubis' website, social media accounts (Facebook, Instagram), and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used. Should I desire to revoke permission for their use in the future, I understand that I must notify Ashley Rubis in writing and allow 30 days to accomplish this removal. I now release Ashley Rubis all personal rights and objections I have or may have to the above described uses of my photographs and/or videos. I have entered into this release freely or voluntarily, and agree to be bound thereby.

X \_\_\_\_\_

## RELEASE OF ALL CLAIMS

Ashley Rubis shall perform permanent application of dyes to the skin of the releaser. Whereas releaser has been informed as to the methods and procedures concerning the result of such treatments, a patch test will also be performed prior to the procedure, if requested by the client, to detect any signs of allergies. I hereby release, acquit, and discharge Ashley Rubis and any and all persons which are or might be claimed to be liable to me from all claims and demands or whatever nature, actions or causes of action, damages, loss of service, cost, expenses and compensation on account or in any way growing out of personal injuries and property damage as a result at any time in the future, whether or not they are in contemplation of parties at the present time and whether or not they arise following the execution of the release as the result of treatment procedure rendered. Releaser agrees to indemnify the hold harmless of Ashley Rubis for any loss, damage, claim, injury, or expense asserted against myself.

I have read and understand the release agreement \_\_\_\_\_ X (client)

## MICROBLADING FEES & POLICIES

- The cost of the MICROBLADING or SHADING procedure is \$450 plus tax
- The cost of the BLADE & SHADE procedure is \$500 plus tax
- Initial brow procedures are eligible for one \$50 touchup within 6-8 weeks
- A \$100 deposit fee is required to schedule your appointment, but will be subtracted from your final total. This is **non-refundable** as we are reserving a large time slot especially for you.
- If you need to reschedule your microblading appointment for any reason, you may keep your deposit on the appointment if we are given 2 business days' notice. To reschedule, you must contact Ashley by email ([ashley@flawlessedgebeauty.com](mailto:ashley@flawlessedgebeauty.com)) or by phone/text (780) 906-4673.
- Scheduled appointments for the touch up procedure require 48 hours notice for cancellation or rescheduling! The \$50 touch up service is included in the original price ONLY when performed within 6-8 weeks after the initial session. Outside 8 weeks, or if appointments are missed, regular touchup pricing applies.

X \_\_\_\_\_

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\*TECHNICIAN\*

*I have personally reviewed all of the above information with my client or my client's representative.*

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date