

Me Time Brow & Beauty

Microblading Pre Care Instructions

Thank you for choosing **Me Time Brow & Beauty** for your Microblading experience.

Please make sure you read the following instructions to assure the best results for your procedure.

It is important to refrain from all alcohol, aspirin, or aspirin products, such as blood thinners.

Please refrain from Ibuprofen and Aleve for **24 hours prior** to your appointment.

The only product for aches and pain that will not make you bleed is Tylenol. Also refrain from Vitamin E and fish oil capsules for **7 days prior** to your application.

ALL of these make you bleed excessively. Excessive bleeding during the procedure will negatively affect the longevity of your semi-permanent makeup application. In some cases, the application will need to be prematurely stopped.

Please avoid energy drinks & coffee for up to **24 hours prior** to your appointment. Not having caffeine in your system will help you to relax much more easily, as well as help to relax the facial muscles in the areas we will be working on.

Thank you again and we look forward to seeing you. You're one step away from having beautiful brows!!!

Client Name

Client Signature

Consent to Application of Semi-Permanent Makeup Procedure

NAME: _____ DATE: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: _____ EMAIL: _____

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

PROCEDURE: MIRCBLADING

NO. OF VISITS REQUIRED: 2

COST OF PROCEDURE: \$600.00

I have been informed of the nature, risks, and possible complications or consequences of semi-permanent pigmentation. I understand the semi-permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of procedure, including but not limited to the following: infections, scarring, inconsistent color, and spreading, fanning or fading of pigments.

I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this a form of tattooing and therefore not an exact science, but an art. I request the semi-permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of Mircoblading.

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable.

I have received both pre and post care procedural instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician.

I understand that taking before and after photographs of the said procedure are a condition of the procedure. I certify that I have read and initialed the above paragraphs and have had explained to me this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

Me Time Brow & Beauty would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature your consent to using your photos in advertising.

Me Time Brow & Beauty also likes to tag or clients in photos used on social media profiles. Please indicate your consent below.

- | | |
|---|---|
| <input type="checkbox"/> YES, feel free to use them | <input type="checkbox"/> NO, please do not use them |
| <input type="checkbox"/> YES, please tag me on Social Media | <input type="checkbox"/> NO, please do not tag me |

CLIENT SIGNATURE

DATE

Client Medical History Form

Name _____

Emergency Contact _____ Phone _____

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 D
- YES NO Forehead/Brow Lift
- YES NO Easy Bleeding
- YES NO Facelift
- YES NO Alcoholism
- YES NO Abnormal Heart Condition
- YES NO Take medication before dental work
- YES NO Chemical Peel (Last Treatment _____)
- YES NO Pregnant now – Breastfeeding now
- YES NO Brow Lash Tinting
- YES NO Autoimmune disorder
- YES NO Oily 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
- YES NO Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc. LIST _____
- YES NO Allergies to metals, food, etc _____
- YES NO Any diseases or disorders not listed _____
- YES NO Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl?

Please list any medications you are taking _____

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

Client Signature _____ Date _____

Microblading Cancellation Policy

Please read our cancellation policy as a courtesy to Brow and Beauty Bar professionals, and in order to efficiently accommodate other clients.

The initial deposit of **\$200.00**, is non-refundable.

If you need to reschedule your appointment, a 48 hours notices is required. Failure to notify our studio will result in a **\$100.00** fee.

If a medical emergency arises, you must provide the proper medical documentation.

By signing this agreement, you acknowledge that you have read, understood and agree to all terms above.

Thank you and we look forward to assisting you.

Client Name

Client Signature

Post Procedural Care for Eyebrows

DAY 1: Please wash hands with antibacterial soap before you wash your eyebrows. Then wash your eyebrows **EVERY HOUR** very well with a gentle cleanser and lukewarm water! Pat dry with a tissue than apply a very thin layer of the Skin Candy.

DAY 2-7: Keep eyebrows lightly glossed with the Skin Candy for three to four times a day for the next **7 days**. Do not over use ointment. It should last you for 7 days, only apply very thin layer. Do not suffocate your eyebrows.

1. Do not use any Retin-A, Glycolic Acids, Peroxide, Neosporin while healing
2. Do not scrub or pick your eyebrows.
3. Do not expose area to sun or tanning beds! Must use hat if in the sun.
4. Avoid any facials ,swimming, whirlpools or sauna for 7 days.
5. Do not exercise the first 3-5 days. No heavy sweating !
6. No make-up on the eyebrows!
7. Do not tint eyebrows for the next 10 days.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN LOSS OF PIGMENTS.

WHAT TO EXPECT AFTER MICROBLADING OR EYEBROW SHADING PROCEDURES:

1. Slight swelling, thickness, and/or redness for one or two days following the procedure.
2. It is normal to lose approximately 1/3 of the color during the healing process.
3. After the initial procedure, the color may be a shade too dark; in six days it will appear to light after 10 days the color will show more.
4. It will appear softer when completely healed because the color will come from dermal layer of the skin to the epidermal layer of the skin.
5. Please be patient. Healing takes up to 30 days. In your next appointment more hairs can be added and make them perfect.

The brows are approximately 20 to 25% darker and bolder in the width than they will be when healed. Your skin is red under the pigment which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the eyebrow procedure to flake away and a narrower appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size then you desire. This is all part of the process.

By signing this agreement, you comply with these terms.
Please do not hesitate to contact us if you have any questions about the post procedural care.

Client Name _____

Client Signature _____ Date _____