Eyebrow Microblading Consent

THE POLISHED BROW | Please complete and sign before your service.

CLIENT NAME _____ **DATE** _____

DATE OF BIRTH _____ **PHONE** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

THE PROCEDURE AND ITS RISKS

Eyebrow microblading is a cosmetic tattoo process that places pigment in the skin to create hairlike strokes. I am at least 18 years old, am not under the influence of drugs or alcohol, and am requesting this procedure.

Pigment may remain permanently even when the procedure is described as semi-permanent. Healing, color, symmetry, and how long pigment remains vary by person; a specific result cannot be guaranteed. Skin tone can affect the final pigment color.

Possible complications include infection, allergic reaction, scarring, uneven or inconsistent color, and pigment that spreads, fans, fades, or changes over time. Some changes may not be correctable. Skin treatments, laser hair removal, plastic surgery, or similar procedures may alter the appearance of the pigment later.

PREVIOUS WORK, PREPARATION AND HEALING

Previous microblading or permanent makeup, especially work by another artist, may affect the result. Existing pigment or scarring can lead to uneven or patchy brows. Please tell Dana about previous brow work before booking and discuss relevant skin history or medications during your consultation.

Before treatment, Dana will discuss your goals, proposed brow shape and color, the procedure, and pre-care and aftercare instructions. Ask any questions before treatment begins. Before-and-after photos may be taken to document the procedure; this form does not authorize public use of identifiable photos.

Healing typically takes 4 to 6 weeks. Brows may darken, peel, fade, and then settle. Follow Dana's care instructions and wait until the skin has healed before making adjustments; working over unhealed skin can cause scarring or blurred pigment.

☐ One acknowledgment and consent. By placing an X in the box and signing below, I confirm that I have read this entire form, understand the possible risks and variable results, and consent to eyebrow microblading. I understand I may ask Dana questions during my consultation before service begins.

CLIENT SIGNATURE _____ **DATE** _____