



MICROBLADING/POWDER BROWS WAIVER AND PRE APPOINTMENT INSTRUCTIONS...

MICROPIGMENTATION IS NOT RECOMMENDED IF:

- PREGNANT OR NURSING (CANNOT HAVE PROCEDURE)
- IF YOU HAVE HAD BOTOX WITHIN THE LAST MONTH
- HAVE LOW PLATELET LEVELS
- DIABETIC (COULD CAUSE POOR RETENTION DUE TO SLOWER HEALING OR POSSIBLE INFECTION (NEED DOCTORS NOTE)
- PACEMAKER OR ABNORMAL HEART CONDITIONS (DOCTORS NOTE REQUIRED)
- EPILEPSY (DOCTORS NOTE REQUIRED)
- UNDERGOING CHEMOTHERAPY (CANNOT HAVE PROCEDURE UNTIL CHEMO IS FINISHED AND MUST PROVIDE A DOCTORS NOTE CLEARING YOU FOR THE PROCEDURE)
- HIV OR HEPATITIS
- A HISTORY OF MRSA
- AUTO-IMMUNE DISEASE
- THYROID/GRAVES DISEASE (MEDICATIONS MAY CAUSE POOR RETENTION)
- ANEMIA (COULD CAUSE POOR RETENTION)
- SUNBURN (THE SKIN EXFOLIATES WITH SUNBURN AND WILL TAKE THE PIGMENT WITH IT) YOU WILL NEED TO RESCHEDULE.
- ECZEMA OR PSORIASIS IN THE BROW AREA
- IF YOU HAVE USED PRESCRIPTION ACCUTANE IN THE PAST YEAR
- HISTORY OF KELOID OR HYPERTROPHIC SCARRING
- IF YOU ARE UNDER A DOCTORS CARE AND HAVE ANY QUESTIONS AT ALL ABOUT BEING ABLE TO HAVE THIS PROCEDURE, IT IS YOUR RESPONSIBILITY TO MEET WITH YOUR DOCTOR AND GET WRITTEN APPROVAL.

DURING THIS PROCEDURE, NEEDLES ARE USED TO INJECT PIGMENT/INK INTO THE SKIN. A TOPICAL ANESTHETIC IS USED TO HELP WITH ANY DISCOMFORT YOU MAY HAVE. PLEASE LIST BELOW, ANY ALLERGIES YOU MAY HAVE. MAKE YOUR TECHNICIAN AWARE IF YOU ARE ALLERGIC TO LIDOCAIN NUMBING TOPICAL, AND IF YOU ARE PRONE TO ALLERGIC REACTIONS TO THE SKIN, IT IS YOUR RESPONSIBILITY TO COME IN FOR A PATCH TEST AT LEAST 24 HOURS BEFORE YOUR APPOINTMENT.

PRE-APPOINTMENT INSTRUCTIONS

- NO DRINKING ALCOHOL OR CAFFEINE (INCLUDING COFFEE).
- NO BLOOD THINNER MEDICATIONS INCLUDING ADVIL, ACPIRIN, NIACIN, OR VITAMIN E AT LEAST 24 HOURS BEFORE APPOINTMENT
- STOP USE OF RETINOIDS OR VITAMIN A NEAR PROCEDURE AREA ONE MONTH PRIOR TO THE PROCEDURE AS IT CAN INCREASE SKINS NATURAL EXFOLIATION AND COMPROMISE FINAL RESULTS.
- NO WAXING, THREADING OR TWEEZING OR SHAVING THE BROWS A WEEK PRIOR TO APPOINTMENT
- DO NOT EXFOLIATE THE AREA WITHIN 24 HOURS BEFORE SERVICE
- NO LAZER TREATMENTS OR CHEMICAL PEELS 1 MONTH PRIOR TO APPOINTMENT
- NO MICRODERMABRASION OR DERMAPLANING 2 WEEKS PRIOR TO SERVICE
- IF YOU HAVE ANY SCRATCHES/CRACKS OR BLEMISHES IN THE AREA, ITS BEST TO RESCHEDULE.

IMPORTANT INFORMATION....

RESULTS WILL DEPEND ON MANY FACTORS, SUCH AS AGE, SKIN TYPE, SUN EXPOSURE/SUN DAMAGE, MEDICATIONS, LIFESTYLE, ENVIROMENTAL CONDITIONS OF THE CLIENT, AND MORE. IT IS NOT POSSIBLE FOR THE TECHNICIAN TO KNOW HOW YOU WILL HEAL, HOWEVER.....THIS TREATMENT IS EFFECTIVE IN MOST CASES, BUT NO GUARANTEE CAN BE MADE THAT ANY SPECIFIC CLIENT WILL BENEFIT FROM IT. FOR BEST RESULTS, YOU MUST FOLLOW AFTERCARE INSTRUCTIONS.

I ACKNOWLEDGE THAT MY PHOTOS WILL BE USED FOR PROMOTIONAL AND ADVERTISEMENT PURPOSES. I AGREE TO RELEASE AND HOLD HARMLESS ARCHES FOR ANGELS LLC/NICOLE MCGOWAN FROM ANY AND ALL CLAIMS, DAMAGES OR LEGAL ACTIONS CONNECTING TO MY PERMANENT MAKEUP TATTOO, INCLUDING THE PROCEDURE AND STEPS NECESSARY TO APPLY AND COMPLETE THE TATTOO, INCLUDING ALLERGIC REACTIONS OR POSSIBLE INFECTIONS THAT COULD ACCURE DURING OR AFTER THE PROCEDURE. I ACCEPT FULL RESPONSIBILITY FOR ANY COMPLICATIONS THAT MAY ARISE DURING OR AFTER THE PROCEDURE.

BY SIGNING THIS DOCUMENT YOU AGREE THAT YOU HAVE READ, UNDERSTAND AND ACCEPT ALL TERMS ABOVE, YOU CONSENT TO THE PROCEDURE OF PERMANENT MAKEUP WITH NICOLE MCGOWAN.

PRINT NAME: _____ DOB _____

CELL: _____ EMAIL: _____

DATE OF SERVICE: _____

CLIENT SIGNATURE: _____