**Megan Danielle Skincare**

Microblading Pre-Care Instructions

Thank you for choosing Megan Henn at Megan Danielle Skincare for your Microblading procedure. Please make sure you read the following instructions to ensure the best results for your procedure. Refrain from Vitamin E and fish oil capsules for 7 days prior to your application**. It is very important** to refrain from all alcohol, aspirin, or aspirin products, such as blood thinners. 48 Hours prior to appointment. 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.) -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. ALL of the above noted things will 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. Thank you again and we look forward to seeing you.

Printed Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signiture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Megan Danielle Skincare

Post Procedural Care for Eyebrows

DAY 1: 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 and cotton rounds or pads! (The washing is to remove any lymph that is draining from the skin and prevent scabbing! This is very important.) Pat dry with a tissue than apply a very thin layer of Aquaphor (the size of a piece of rice).

DAY 2-7: Keep eyebrows lightly glossed with Aquaphor 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. Your brows will look DARK for the first week or so. After they are healed the color fades up to 30%. Remember this and take a deep breath. Refer to images of fresh vs. healed brows.

Day 8-21 Your brows will begin to itch. This is normal healing!

Do not scrub or pick your eyebrows. IF YOU SCAB Let scabs fall off naturally! If you pick your scabs, pigment will come out early and you will have patchy brows.

No make-up on the eyebrows

Do not use any Retin-A, Glycolic Acids, Peroxide, Neosporin while healing.

Do not expose area to sun or tanning beds! Must use hat if in the sun. (Skin will not heal properly if exposed to the sun, causing patchy brows)

Avoid facials, swimming, whirlpools or sauna for 7 days. Take short, cool showers.

Do not engage in strenuous exercise the first 3-5 days. No heavy sweating!

Do not tint eyebrows until fully healed. 9. Do not do anything to purposefully remove strokes. If you do, you void your ability to return for your included Perfecting Visit! (We can tell) \_\_\_\_\_\_\_ (Initial). FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN LOSS OF PIGMENTS.

THIS PAGE IS FOR YOU TO KEEP AND REFER BACK TO

**Megan Danielle SKincare**

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 few shades too dark; in six days it will appear too light after 10 days the color will show more. The reason it lightens up after it looks too dark is due to the way the skin heals.

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. Microblading is a 2-step process. In your Perfecting Visit appointment more hairs can be added to make them perfect. Again, the brows are approximately 20 to 25% darker and bolder in the width (thicker) 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. Refer to before and after photos. ! By signing this agreement, you comply with these terms. Please do not hesitate to contact me if you have any questions about the post procedural care.

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Megan Danielle Skincare**

Medical Proﬁle-Micropigmentation

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Avoid Unforeseen Complications, Please Answer The Following Questions

Are you under 18 □yes□no! If so, guardians initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you allergic to any metal? yes□no

Have you had any aspirin or blood thinners in the past week? □yes□no

Have you ever had any semi-permanent makeup procedures before? □yes□no

Any mood altering drugs within the last 8 hours? □yes□no

Are you on any immunosuppressive medications such anti-inﬂammatories or steroids □yes□no

Do you have a history of cold sores, herpes, or fever blisters? □yes□no

Are you allergic to topical antibiotic preparations or desensitizers? □yes□no

Are you sensitive/allergic to latex? □yes□no

Is there any history of skin diseases or remarkable skin sensitivities? □yes□no

Have you had a chemical peel or laser? □yes□no! If so, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking any vitamins A or in any form? □yes NO

Do you have problems healing? □yes□no

Are you pregnant or nursing? □yes□no

Are you currently undergoing radiation or chemotherapy? □yes□no

Are you required to take antibiotics during dental or invasive ! medical procedures? □yes□no

Are you currently using any retin-a or alpha-hydroxy skin care products? □yes□no

Do you wear contact lenses? □yes □no

Previous problems with tattoos or has your physician advised you not to have a tattoo at this time? □yes □ no

List all medications you are currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please Circle Any Of The Following Which May Pertain To :**

Heart Conditions Allergies To Makeup Accutane Treatment Dry Eyes Diabetes Stroke Chest Pains Alopecia Refractive Eye Surgery Glaucoma Trichotillomania Keloid/Hypertrophy Of Scars Epilepsy/Seizures Shortness Of Breath Autoimmune Disorder Cancer (Any) Hepatitis/ Jaundice HIV Kidney Disease Tendency To Develop Fever Blisters On The Lip Ocular Herpes! Hyper/Hypopigmentation, Tendency To Bleed Excessively From Minor Injuries, List any other medical conditions or issues not addressed above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I acknowledge, understand and agree that Megan Henn of Megan Danielle Skincare does not practice medicine, does not accept health insurance, and has made no representation to the contrary.The information provided on this form is accurate and complete to the best of my knowledge, and that Megan Henn or Megan Danielle Skincare is not responsible for complications or problems arising from any incorrect or omitted information! Some individuals will have complications related to semi-permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. I accept these risks and DO NOT hold Megan Henn and Megan Danielle Skincare accountable! I will use the information provided above to assess my suitability for the proposed micropigmentation services.

Client signature (or guardian if under 18 years of age)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Megan Henn, licensed esthetician & permanent makeup artist (I have reviewed HHx with client)

Pigment shade used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ initials: \_\_\_\_\_\_\_\_\_\_\_\_\_

Micropigmentation (Semi-Permanent Makeup) Informed Consent

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_! ! Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(required) How did you hear about Megan Danielle Skincare?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Megan Danielle Skincare**

The nature and method of the proposed semi-permanent makeup (cosmetic tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand that there may be a certain amount of discomfort or pain associated with the procedure and that other possible adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and/or swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure is rare if properly cared for, but may occasionally occur. By signing below, I speciﬁcally acknowledge that I have been advised of the facts and matters set below, and I agree as follows:

(Please initial the line next to the number after you clearly understand each! statement)

1.\_\_\_\_\_\_\_\_ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such reaction is possible.

2.\_\_\_\_\_\_\_\_ I acknowledge that complications as a result of semi-permanent makeup procedures may occur, particularly in the event that the post-procedural instructions are not followed, and accept full responsibility for such complications.

3.\_\_\_\_\_\_\_\_ I realize that my body is unique and neither Megan Henn or Megan Danielle Skincare can predict how my skin may react as a result of the procedure.

4a. \_\_\_\_\_\_\_\_ I have previously had micropigmentation performed by someone other than Megan Henn on the same area (brows) that I am asking Megan Henn to work on today \_\_\_\_YES \_\_\_\_NO

4b. \_\_\_\_\_\_\_\_ IF YES, I understand that correcting or touching up micropigmentation that was performed by others involves additional risks! because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which Megan Henn/ Megan Danielle Skincare has no control. I understand that additional appointments after the initial and followup appointments may be required, and will be billed at Megan Danielle Skincare standard rates. I understand that Megan Henn/Megan Danielle SKincare can not predict the results in advance and can not guarantee and has not represented that the results will be as I desire. I understand and fully accept the risks associated with this procedure and hold aboutface! harmless from same.

5.\_\_\_\_\_\_\_\_ I acknowledge that the procedure may result in a long-lasting (many years) change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.

6. \_\_\_\_\_\_\_\_ I understand that future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my semi-! permanent makeup, and that I must inform any future service provider that I have had micropigmentation applied. I understand and accept that such changes are not the fault of Megan Henn/ Megan Danielle Skincare. I further understand that such changes or degradation in my appearance may not be correctable through further semi-permanent makeup procedures.

7.\_\_\_\_\_\_\_\_I consent to the admittance of authorized observers to the procedure(s) for the! purpose of education or assistance.

8.\_\_\_\_\_\_\_\_I acknowledge that obtaining the semi-permanent makeup is my choice alone, and I consent to the procedure and to its attendant risks, and to any actions or conduct of Megan Henn/Megan Danielle Skincare and reasonably necessary to perform the procedure.

9. \_\_\_\_\_\_\_\_ I understand that I will have the opportunity to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility for same.

10.\_\_\_\_\_\_\_\_I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of Megan Danielle Skincare.

11. \_\_\_\_\_\_\_ [Optional/Requested] I consent to Megan Danielle Skincare using “before & after” photos ! of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for speciﬁc photographs by which will then discontinue use of said photo(s).

12. \_\_\_\_\_\_\_I have been given the full opportunity to ask any and all questions which I might have about obtaining semi-permanent cosmetic procedures from a micropigmentation specialist at Megan Danielle Skincare, and that all of my questions have been answered to my full and total satisfaction.! If you have previously had micropigmentation performed by Megan Danielle Skincare, has your medical history changed since you last ﬁlled out your Medical Proﬁle form at Megan Danielle Skincare?

\_\_\_\_YES \_\_\_\_NO ! ! If YES, please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Megan Danielle Skincare

I have read and understand the contents of each statement above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the beneﬁts to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent I am of sound mind and capable of making independent decisions for myself. NO REFUNDS! Name (Please Print Legibly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Or Legal Guardian! (If Client Is Under 18) Practitioner statement: I have personally reviewed the above information with my client or the client’s representative.

(Parental Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_