



Consent Form (Microblading)

Studio: _____

Artist: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Brow Details

• **Technique:**

- ☐ Microblading (hair strokes)
- ☐ Combination brows (strokes plus shading)
- ☐ Other: _____

Pigment Color(s): _____

- ☐ I approve the brow shape that was mapped and drawn on before the procedure. I looked at it in a mirror and I'm happy with the shape, thickness, and placement.

Patch Test

• **Patch test completed?**

- ☐ Yes. Date: _____. Result: _____
- ☐ No. I declined or waived the patch test, and I accept the higher risk of an allergic reaction.
- ☐ I understand that a patch test lowers, but does not remove, the risk of an allergic reaction.

Healing and Expectations

- ☐ I understand my brows will look darker, sharper, and thicker for the first several days. This is normal.
- ☐ I understand that while they heal, my brows may flake, look patchy, or seem to fade away in spots. Color often comes back over the next few weeks.
- ☐ I understand the final result isn't visible until healing is complete, usually 4 to 6 weeks.
- ☐ I understand that a touch-up 6 to 8 weeks after the first session is standard and part of the process. Touch-ups may be charged separately.
- ☐ I understand that oily skin, large pores, and thin or mature skin may hold pigment less well. Strokes may blur or soften, and my artist may suggest a shading technique instead.
- ☐ I understand microblading fades over time. Sun, skincare acids, and retinol can speed up fading. I'll need maintenance appointments to keep my brows fresh.
- ☐ I understand that faces aren't perfectly symmetrical, and perfectly matching brows can't be guaranteed.
- ☐ If I have old brow tattooing or PMU, I understand that working over it may change the result in ways that can't be fully predicted.
- ☐ I agree to follow the aftercare instructions. I won't pick, scratch, or peel the flakes.

Risk Acknowledgement

- ☐ I understand risks include infection, scarring, allergic reaction, blurred strokes, pigment migration, uneven fading, and color change over time.
- ☐ I have been told that cosmetic pigments may affect MRI images. I will tell medical staff about my microblading before an MRI.
- ☐ I understand that no specific result can be guaranteed.
- ☐ *(Optional)* I consent to before and after photos for the artist's portfolio and marketing. I can say no without it affecting my treatment.

Medical Screening

• Accutane (isotretinoin) in the past 12 months?

- ☐ Yes
- ☐ No

Many artists won't microblade within a year of Accutane. Ask your prescribing doctor.

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• **Retinoids (Retin-A, tretinoin, retinol) used on or near the brows?**

☐ Yes

☐ No

Your artist may ask you to pause these near the brows before your appointment. Talk to your doctor before stopping anything prescribed.

• **Blood-thinning medications (aspirin, warfarin, etc.)?**

☐ Yes

☐ No

Don't stop a prescribed medication without talking to your doctor.

• **Botox or fillers in the brow or forehead area in the past 4 weeks?**

☐ Yes. Date of last treatment: _____

☐ No

• **Pregnant or nursing?**

☐ Yes

☐ No

Microblading is generally not recommended during pregnancy or while nursing. Talk to your healthcare provider.

• **Keloid or raised (hypertrophic) scarring history?**

☐ Yes

☐ No

• **Skin conditions in the brow area (eczema, psoriasis, rosacea, dermatitis)?**

☐ Yes, describe: _____

☐ No

• **Known allergies (latex, pigments, topical numbing creams)?**

☐ Yes, describe: _____

☐ No

• **Autoimmune conditions, diabetes, or immunosuppressant medications?**

☐ Yes

☐ No

Other relevant medical information: _____

- ☐ I certify that I have answered these questions truthfully and to the best of my knowledge.
- ☐ My decision to get microblading is my own, and I consent to the procedure described above.

Client Signature: _____ **Date:** _____

Artist/Staff Signature: _____ **Date:** _____