

**AMBIANCE SALON & SPA**  
**MICROBLADING CONSENT FORM**

**Client/Model Name Printed:** \_\_\_\_\_

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

**Date of Birth (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** \_\_\_\_\_

Ambiance Salon & Spa and technician is obligated to perform procedures in strict compliance with all hygiene and health protection measures. This information is confidential and it shall also be handled in that way. Ambiance Salon & Spa assumes no liability in case of giving false information.

**HEALTH QUESTIONNAIRE:**

In order to perform the eyebrow tattoo procedure in a safe manner,  
please answer the following health questions truthfully.

Allergies? (if so, please list):    YES / NO

\_\_\_\_\_

Are you taking medication for blood thinning? (if so, please list):    YES / NO

\_\_\_\_\_

Are you taking any medications on daily basis? (if so, please list)    YES / NO

\_\_\_\_\_

Hemophilia?    YES / NO

Diabetes mellitus? (diabetes)    YES / NO

Hepatitis A, B, C, D, E, F?    YES / NO

HIV +?    YES / NO

Skin diseases?    YES / NO

Eczema?    YES / NO

Epilepsy? YES / NO

Autoimmune diseases? YES / NO

Are you prone to herpes? YES / NO

Infectious diseases/high fever? YES / NO

Cardiovascular problems? YES / NO

Do you have a pacemaker? YES / NO

Are you pregnant or nursing? YES / NO

Do you have problems with healing of wounds? YES / NO

Were you exposed to radiation or had any other medical interventions? YES / NO

Did you undergo any surgery in the last 14 days? YES / NO

Have you consumed drugs or alcohol in the last 24 hours? YES / NO

#### **DISCLOSURE & RELEASE AGREEMENT:**

Please read and **INITIAL** the statements below to indicate: I understand the following completely.

\_\_\_\_\_ I have reviewed the FAQs/Aftercare/Client forms at [www.ambiancesalonspa.com](http://www.ambiancesalonspa.com) prior to my appointment, and I understand the info there, and have had any further questions I've had answered.

\_\_\_\_\_ No food, drinks, or making/receiving phone calls are allowed in the procedure area. Minimal texting or email is fine, as long as it does not interfere with the procedure. (This applies to any guests of the client as well.)

\_\_\_\_\_ The following risks are specifically explained to the client: During the procedure despite the staff expertise and all the precautionary measures, injury is possible. Despite the application of the most advanced and the top quality pigments, allergic reaction is possible but rare. The client is informed about this and he/she assumes liability.

\_\_\_\_\_ My technician will not, under any circumstance, perform any procedures on me if I am known to have any allergies related to the products used. (Our pigments contain: Sterile Water, Propanediol CI: 77499, 77492, 77491, 77891, Glycerin, Isopropyl Alcohol, Hamamelis Virginiana leaf extract, Lactic acid)

\_\_\_\_\_ I understand that I must inform my technician of any and all medication(s) I am currently taking. (Pain control medications such as aspirin or ibuprofen may cause the blood to thin, and excessive bleeding may occur during or after the procedure.)

\_\_\_\_\_ I do not currently take Accutane and/or have not taken for at least 12 months.

\_\_\_\_\_ I understand that I must inform my technician of any skin condition(s) I may have. (Psoriasis, Eczema, etc.)

\_\_\_\_\_ I realize that there is potential risk for discomfort during the procedure and during the healing process.

\_\_\_\_\_ During and after the procedure temporary swelling, redness and/or itching may occur.

\_\_\_\_\_ There is a possibility of bleeding, swelling, and allergic reactions to the pigments used.

\_\_\_\_\_ Depending on the skin structure after the first treatment small scabs with a loss of drawn hairs may occur and color intensity may change.

\_\_\_\_\_ In the first seven days eyebrows are up to 0% darker and 10-15% thicker. Color i.e. color reflection depends on the natural skin pigment.

\_\_\_\_\_ The pigment is absorbed differently due to differences in the skin quality, thus there is no warranty for the treatment success.

\_\_\_\_\_ The shape is determined according to the face proportions.

\_\_\_\_\_ Client's result will vary and using a makeup pencil or brow powder may still be needed.

\_\_\_\_\_ A tattoo can only be removed with surgical or laser procedures, and that any effective removal may leave permanent scarring or disfigurement.

\_\_\_\_\_ Depending on the skin structure it should be noted that change in the color intensity is possible and that one or more additional treatments will be required.

\_\_\_\_\_ The minimum or maximum duration of microblading or permanent make-up procedures cannot be determined with certainty, nor can the warranty be given on performed treatment.

\_\_\_\_\_ Any touch ups fees may apply for future appointments if touch-ups are desired. If most of the color has faded then this will not be considered a touch-up and all fees for a new service may apply. Touch ups are performed between 6-8 weeks. For oily skin it may be necessary to perform more corrections.

\_\_\_\_\_ Permanent make-up always leads to the skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate care in healing phase of the skin can lead to poor results and Ambiance Salon & Spa and the technician cannot be liable for it.

**Client/Model Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technician Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_