



Microblading Overview

- \$450.00 for Full Application
- \$100.00 Non-Refundable Deposit to book appointment (used towards final service cost)
- 30 minutes booked for your initial consultation
- 2 hours booked for full application appointment
- After your full application remember to book a follow-up 6 weeks out (cost is covered in the \$450.00 fee paid for full application)
- \$75 for any 30 minute Touch-up appointments (if desired) after follow-up

We will need the following BEFORE BOOKING your full application appointment:

___ **\$100 Deposit**

___ **Signed Microblading Cancellation Policy**

___ **Client Body Art Procedure Disclosure and Waiver & Consent**
(4 pages- including Doctor's Release if needed)

___ **Copy of Photo I.D.**

We will need the following to book your follow-up appointment:

___ **Signed Aftercare Instructions**

___ **Signed Disclosure & Notice for Filing Complaints**



Salon 297 Microblading Cancellation Policy

We require a \$100.00 non-refundable deposit to book any Microblading appointment(s). If you cancel the day of your appointment or No-Show your scheduled appointment you will forfeit your deposit.

I acknowledge and agree to the above cancellation policy. I will not cancel or 'No-Show' my scheduled Salon 297 Microblading appointment with less than 24-hours' notice. If I cancel or do not show up for scheduled appointment I understand that I will be forfeiting my \$100 deposit.

NAME _____ DATE _____



CLIENT BODY ART PROCEDURE DISCLOSURE AND WAIVER & CONSENT

Name: _____
Appointment Date: _____
Birth Date: _____
Driver's ID: _____
Address: _____
Phone #: _____
E-mail: _____
Emergency Contact: _____
Emergency Contact Phone #: _____
Doctor's Name: _____

NEED COPY OF I.D.

CLIENT HEALTH DISCLOSURE

Before your procedure, please check any of the following conditions that apply to you:

- Cancer
- Cold Sores
- Diabetes
- Hepatitis/Jaundice
- HIV
- Keloid Scars
- History of hemophilia or excessive bleeding
- Diabetes or other conditions which may affect blood circulation and/or ability to fight infection.
- History of skin disease, skin lesions, or skin sensitivities to soaps or disinfectants
- Dermatitis/Eczema
- History of allergies or adverse reactions to latex, pigments, dyes, disinfectants, metals or other sensitivities related to body art procedures
- History of epilepsy, seizures, fainting or narcolepsy
- Heart Condition
- Treatment with anticoagulants or other medications that thin the blood and/or interfere with blood clotting
- Current pregnancy and/or breast-feeding
- Any other information that would aid the body art technician or any other individual involved in providing education on the client's suitability for receiving a body art procedure and the client's body healing process

FEMALE CLIENTS: Circle one

In Menopause? Yes No

Post Menopause? Yes No

Hormone Imbalance? Yes No

Are you currently taking any of the following?

Birth Control Pills Yes No

Hormones Yes No

Medical Allergies: _____

Please describe in detail your history of any conditions checked above: _____

Salon 297 recommends and encourages that you consult your physician before undergoing a body art procedure if you checked one or more of the boxes on your health disclosure.

Please rate your skin type based on the following scale and personal experience:

- Type I Always burn; never tan.
- Type II Usually burn; tan less than average (with difficulty.)
- Type III Sometimes mild burn; tan about average.
- Type IV Rarely burn; tan more than average (with ease.)

DESCRIPTION OF PROCEDURE LOCATION

Please describe the design and location of the tattoo: eyebrows

WAIVER & RELEASE WITH INFORMED CONSENT

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of micro-blading and/or tattoo procedures and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

- I realize that there may be risks and hazards related to this procedure planned for me.
- If I have diabetes, epilepsy, hepatitis, hemophilia, narcolepsy, HIV-AIDS, or any other communicable disease, heart condition or take medicine which thins the blood I have advised my tattooist. I am not pregnant or nursing. I am not under the influence of alcohol, drugs or any other substances.
- I understand that I must inform my technician of all medications being taken by me. For example, pain control medication such as aspirin may cause the blood to thin, and excessive bleeding may occur.
- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid), Eczema, psoriasis, rash, infection, lesion, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any type of infection, rash, or lesion anywhere on my body, I will advise my micro-blade tattooist.
- I do not have any allergies or history of adverse skin reactions to latex, metals, soaps, dyes, iodine or disinfectants

- I acknowledge it is not reasonably possible for the Body Art Technician and/or the representatives and employees of Salon 297 to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.
- I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, due to my own negligence or failure to follow such instructions, will be done at my own expense.
- I realize that there is potential for discomfort during the procedure and during the healing process.
- I understand there is a possibility of bleeding, swelling or allergic reactions to the procedure.
- I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.
- I understand that misplacement of the dye can occur, under rare circumstances, requiring excision of the misplaced dye.
- I understand that permanent makeup is considered permanent; however, it will fade with time.
- I understand that no warranty or guarantee has been made to me as a result of this permanent makeup/camouflage/correction procedure, and that the final result cannot be guaranteed.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.
- I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a tattoo.
- I understand that permanent makeup can only be removed with a surgical procedure, and that any effective removal may leave permanent scarring or disfigurement.
- I acknowledge I am over the age of eighteen and that I have truthfully represented to my tattooist that the obtaining of a tattoo is by my choice alone. I consent to the application of the tattoo and to any actions or conduct of the Body Art Technician and/or the representatives and employees of Salon 297 reasonably necessary to perform the tattoo procedure.
- I have been given the opportunity to ask questions about the procedure, the risks, and the hazards involved. I understand that it is my responsibility to advise the technician of *any* concerns I may have before beginning the procedure, even though I may have written it down on the form.
- I believe I have sufficient information to give this informed consent.

Therefore, I request the Body Art Technician tattoo my eyebrows. I understand this type of tattoo usually takes _____ or longer to heal. I hereby release and forever discharge release, indemnify and hold harmless Salon 297, its Body Art Technician and its owners, managers and employees from any and all claims, damages or legal actions arising from or connected in any way with my microblade/tattoo, or the procedure and conduct used in my performing my tattoo, and any aftercare, to the fullest extent allowed by the law. I understand that I am assuming the risk of any and all harm related to this procedure and aftercare.

By signing below, I, _____, or their legal guardian, agree that I have read this Client Body Art Procedure Consent provided by Salon 297 and agree to its terms and recognize I am releasing certain legal rights should I sign this document and proceed with the micro-blading/tattoo procedure.

I acknowledge that Salon 297 is a licensed Body Art Facility within the State of Michigan, under License No. BA-_____.

Client Signature: _____

Date: _____

THIS PORTION TO BE COMPLETE BY BODY ART TECHNICIAN

Indicate by checking the box that the client has:

- Received a copy of the Disclosure Statement & Consent
- Received a copy of the Aftercare Information Sheet
- Completed the Client Health Disclosure & completed Description of Procedure Location which you reviewed with Client and you have provide any additional, applicable information

Signature of Body Art Technician: _____

Date: _____

CLIENT’S PHYSICIAN STATEMENT OF HEALTH AND RELEASE

Certain circumstances may require a doctor’s release before our technicians can begin work. Please have the following statement filled out and signed off by your physician.

Physician’s Statement on client’s health or condition and approval to have this procedure done:

- I have examined this client’s medical history, records and this form. I do not see anything that would prohibit my patient from having microblading, re-coloration or camouflage procedure done.

Additional Comments:

Doctor’s Printed Name: _____

Date: _____

Office Phone Number: _____

Doctor’s Signature: _____

Client’s Printed Name: _____

Client’s Signature: _____

Date: _____

This agreement will be effective immediately upon execution.



MICROBLADING AFTERCARE

First Day

-Leave treatment on for 24 hours. If treatment has shifted to other areas of the face, with a sterile q-tip or gauze you can wipe around microbladed area (carefully avoiding microbladed skin).

-If swelling has occurred – use a sterile gauze as a barrier between microbladed area and an icepack.

-Keep fingers and hair away from microbladed area

First Week

-After first 24 hours, gently wash microbladed area with a mild sensitive cleanser. Do not scrub the microbladed area.

-Apply a sensitive lotion to microbladed area and reapply lotion throughout the day to assist with proper healing, itchiness and discomfort.

-Wash microbladed area morning and night and repeat lotion application. *Never peel or pick at microbladed area. Let the area scab and peel naturally.

Things to avoid first 14 days:

- Makeup on the microbladed area (1st week)
- Any products with AHA's, BHA's, Retinol, Retin-A
- Exfoliating microbladed area
- Tanning or sun exposure (sunscreen can be applied after 1st week)
- UV/UVA exposure (sunscreen can be applied after 1st week)
- Swimming or long exposure to water on the area
- Saunas/Jacuzzis
- Activity that will induce heavy sweating

*Avoiding these things long-term will insure longevity of microbladed brows

What to expect in first 6 weeks

The microbladed area will be tender for the first couple days. Scabbing, flaking and peeling is normal in the first week. It is very important that you let this process happen naturally and never peel, scrub or pick at the microbladed area. Darkening of the microbladed area will occur in the first week with the first three days being the darkest. The microbladed area will lighten after the first week of the procedure. It is normal to lose 40-60% of pigmentation. Spottiness and fading can occur as the pigmentation settles into the skin. It takes 6 weeks for brows to properly heal and for pigmentation to settle. After the initial 6 weeks, a second session will be performed and repeating aftercare steps for the first day and first week stated above will be required.



Microblading Disclosure Statement /Notice for Filing Complaints Public Act 375

Disclosure Statement /Notice for Filing Complaints Public Act 375, which was enacted in December of 2010, indicates that individuals shall not tattoo, brand, or perform body piercing on another individual unless the tattooing, branding, or body piercing occurs at a body art facility licensed by the Michigan Department of Health and Human Services. Body art facilities are required to be in compliance with the “Requirements for Body Art Facilities,” which provide guidelines for safe and sanitary body art administration. As with any invasive procedure, body art may involve possible health risks. These risks may include, but are not limited to: transmissions of bloodborne diseases such as HIV and viral hepatitis, skin disorders, skin infections, and allergic reactions. In addition, persons with certain conditions including, but not limited to, diabetes, hemophilia or epilepsy, are at a higher risk for complications and should consult a physician before undergoing a body art procedure. If you wish to file a complaint against a body art facility related to compliance with PA 375 or have concerns about potential health risks, please visit www.michigan.gov/bodyart.