



Microblading Pre Care Instructions

Thank you for choosing Mend Aesthetics for your Microblading experience. Please make sure you read the following instructions to assure the best results for your procedure.

It is very important to refrain from all alcohol, aspirin, or aspirin products, such as blood thinners. Please refrain from Ibuprofen and Aleve for 48 hours prior to your appointment. The only product for aches and pain that will not make you bleed is Tylenol. Also refrain from Vitamin E and fish oil capsules for 7 days prior to your application. ALL of these 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.

Please avoid energy drinks & coffee for up to 24 hours before 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.

Thank you again and we look forward to seeing you. You're one step away from having beautiful brows!!!

Client Name

Client Signature

Operator: _____



CLIENT CONSENT AND HOLD HARMLESS TO APPLICATION OF SEMI-PERMANENT
AND PERMANENT MAKEUP PROCEDURE

NAME _____ DOB _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol and consent to the microblading procedure.

The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me and I understand what is involved. X _____

I understand the permanent skin pigmentation procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigments may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not a science but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of Microblading. X _____

If you need to cancel or reschedule your appointment a 48 hour notice is required, failure to do so, will result in losing your deposit. X _____

I certify I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit and I will not hold Mend Aesthetics nor the Certified Microblading Technician: _____ responsible for any unforeseen condition arising out of the indicated permanent cosmetic procedure.

Client Signature: _____ Date: _____

Microblading Intake and Post Procedure Instructions

Client: _____ Date: _____

Confidential Medical Profile

To avoid unforeseen complications, please answer Y (yes) or N (no) to the following questions:

___ Do you have previous Permanent Make Up? If yes when? _____

___ Are you over the age of 18? Legal guardian initials _____

___ Have you had Aspirin or any blood thinning medications/supplements within the last 48hours?

Please list _____

___ Do you take Antidepressants or mood altering medication? Please list _____

___ Are you taking any medication, including immunosuppressive, such as anti-inflammatory or steroids? If yes, please list _____

___ Are you allergic to topical antibiotic preparation? e.g. Polysporin, Bacitracin, Neosporin, or Caine family of drugs or Petroleum based products (Vaseline)?

___ Have you had chemical or laser peel? If so when? _____

___ Do you have any problems with healing?

___ Any tendency to bleed excessively from minor cuts or bleeding disorders?

Please list _____

___ Is there any history of skin diseases or remarkable skin sensitivities? Please list _____

___ Are you pregnant or nursing?

___ Are you presently taking Vitamins A, E or fish oil in any form?

___ Are you required to take antibiotics during dental or invasive medical procedures?

___ Do you have any heart conditions?

___ Have you had Botox or injectables. If yes when? _____

___ Do you have Eczema, Psoriasis or Alopecia? Please Circle if pertains to you.

___ Do you have Keloid or Hypertrophy Scars?

___ Do you have High Blood Pressure or Hypertension? Please circle if it pertains to you.

___ Do you have Hepatitis?

___ Do you have Diabetes or High Blood Sugar? Please Circle if pertains to you.

___ Do you have Epilepsy/ Seizures of any kind?

___ Do you have any Autoimmune Disorders?

___ Do you get fever blisters or cold sores?

___ Are you currently undergoing radiation or chemotherapy?

___ Are you currently using Retin-A, Accutane or Alpha Hydroxyl skin care products?

___ Do you wear contact lenses?

___ Have you had caffeine products in the last 24 hours?

___ Do you currently or have you had Cancer? If yes please explain _____

___ Do you have HIV?



Please list any other medical conditions, and list all _____

Client Signature _____ Date _____

Post Procedural Care for Eyebrows

- 30 minutes after treatment, rinse eyebrows with neutral soap. Apply a very thin layer of PhiShield that has been provided at the time of service and cover with plastic wrap. Repeat 3-5 times during the day for the next 7 days.
- Do not touch your eyebrows with your hands for the next 3 days. Before you wash your eyebrows, hands must be washed with anti-bacterial soap.
- Do not scrub or pick your eyebrows.
- Do not apply the ointment with fingers, please use Q-Tips; Also do not double dip the Q-tip.
- Avoid any beauty treatments such as facials, massages, lash extensions. swimming, whirlpools or sauna for 7 days.
- Avoid swimming, exercise and heavy sweating for the first 7 days.
- No eyebrow waxing or threading for 7 days.
- Must avoid makeup on and around brow area for 7 days.
- After 7 days, always protect the eyebrows from the sun with SPF.
- In the next 30 days; Do use any Retin-A, Glycolic Acid, Peroxide, Neosporin or any other product other than the PhiShield. Avoid Sunbathing, Tanning Beds, Light Therapies, Chemical Peels, Fruit Acids, Microdermabrasion, Cream that contain regenerating factors. Always avoid Laser Treatments over the treated area (such as Fraxel, Laser, IPL...) Because they can destroy the pigments and cause burns. Use of Antibiotics and Hormonal Therapy can lead to faster pigment fading.

Client Signature _____ Date _____

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN LOSS OF PIGMENTS.

WHAT TO EXPECT AFTER MICROBLADING OR EYEBROW SHADING PROCEDURES:

- You may have slight swelling, thickness, and/or redness for one or two days following the procedure.
- It is normal to lose approximately 1/3 of the color during the healing process.
- The first 3 days after the initial procedure, the color will be a shade too dark; 6 days later it will appear lighter, then after 10 days after the color will show more. Please be patient healing can take up to a month.
- 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.

The brows are approximately 30 to 40% darker and bolder in the width 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 narrow the appearance of your eyebrows. Do not be concerned that your eyebrows initially appear darker and heavier in size than you desire. This is all part of the process. You **MUST WASH** with a gentle cleanser and lukewarm water. Pat dry with tissue after washing the brows.

Client Signature _____ Date _____