



MV Makeup & Skin Care

MICROBLADING AND OMBRÉ/POWDER BROWS CONSENT FORM

Name: _____ Date Of Birth: _____
Address: _____ City: _____
State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____ Email Address: _____

How did you hear about us? (Circle) Google / Facebook / Instagram / Other _____ Referral (name): _____

The nature and method of the proposed Microblading and/or Ombre/Powder Brows (semi-permanent makeup) 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. 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 MV Makeup and Skin Care, Ltd. nor its technician/esthetician can predict how my skin may react as a result of the procedure.
4. _____ I have previously had micropigmentation performed by someone other than MV Makeup and Skin Care, Ltd. on the same area (brows) that I am asking MV Makeup and Skin Care, Ltd. to work on today. ____YES ____NO
 - a. _____ 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 MV Makeup and Skin Care, Ltd. has no control. I understand that additional appointments after the initial and follow-up appointments may be required, and will be billed at MV Makeup and Skin Care, Ltd.'s standard rates. I understand that MV Makeup and Skin Care, Ltd. nor its technician/esthetician cannot predict the results in advance and cannot 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 MV Makeup and Skin Care, Ltd. and its technician/esthetician 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 MV Makeup and Skin Care, Ltd. nor its technician/esthetician. 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 MV Makeup and Skin Care, Ltd. and its technician/esthetician reasonably necessary to perform the procedure.
9. _____ I understand that I will have the opportunity, within the time constraints of my appointment, to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility for same.



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10. _____ I consent to any relevant photographs being taken both before and after the procedure, to document procedure, and to display its capabilities and results strictly for social media/marketing purposes and internal use of only MV Makeup and Skin Care, Ltd. and its owners.
11. _____ 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 MV Makeup and Skin Care, Ltd., and that all of my questions have been answered to my full and total satisfaction.
12. _____ If you have previously had micropigmentation performed by MV Makeup and Skin Care, Ltd., has your medical history changed since you last filled out a client consultation form? ____ YES ____ NO

If YES, please specify: _____

MV Makeup and Skin Care, Ltd. Microblading and Ombré/Powder Brows Pricing Policy

All Initial Microblading or Ombré/Powder Brows Services include 1 (one) free Follow-Up Service to be performed within 6 – 8 weeks of the initial appointment. Periodic Touch-up Services are recommended for the maintenance of your Microblading or Ombré/Powder Brows.

Touch-ups are a single appointment and do not include a free follow-up. If an additional appointment is required within 6 – 8 weeks of a prior touch-up appointment listed above for any reason, there is a setup fee for this additional service. Services received more than 8 weeks post touch-up initial treatment will be considered and charged as normal Touch-up Appointments. This policy subject to change without notice. Please complete and sign below section.

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. I hereby release and forever discharge and hold harmless MV Makeup and Skin Care, Ltd. and its owners, managers, technicians, and affiliates from any and all claims, damages or legal actions arising from or connected in any way with my Microblading or Ombré/Powder Brows procedure, to the fullest extent allowed by the law.

Client's Name (Please print legibly): _____
Client's Signature: _____
Parent/Legal Guardian (If Client Is Under 18): _____
Parent/Legal Guardian's Signature: _____

Date: _____

Date: _____

Practitioner statement: I have personally reviewed the above information with my client or the client's representative.

Practitioner's Name: _____
Practitioner's Signature: _____

Date: _____