



Consent For 3D Eyebrows/Microblading

Patient: _____ Date: _____

_____ I have been informed that the following may prevent treatment with 3D Eyebrows (Microblading). In some cases, a doctor's written approval may allow treatment: History of MRSA, Diabetes, Hepatitis (A, B, C or D), Hemophilia, Alcoholism, Abnormal Heart Conditions, Pregnant or Breastfeeding, HIV or AIDS, Autoimmune Disorder, Oily Skin, Cancer, Chemotherapy or Radiation, Tumors, Growths, Cysts, Currently Taking Blood Thinners, Allergic Reactions to Allergic Reactions to Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E, Acetate or any Medications currently taking or have taken Accutane in the last 6 months, Difficulty Numbing for Dental Work, Botox or Dysport within two months prior to treatment, Sun Exposure within 2 weeks prior to treatment (over 30 minutes on face), Brow Tinting within two weeks prior to treatment and Chemical Peels within two weeks prior to treatment (this timeline may be extended for deeper peels). I understand and accept that Setty Plastics and Aesthetics will not be responsible if I fail to give this important information. I understand and accept that risk.

_____ I have been informed to avoid the following for the three days before treatment (only applies to the area being treated): Electrolysis, waxing, depilatory creams, laser hair removal, sun exposure, laser therapy, products containing retinol, alpha-hydroxy acid (AHA) or beta-hydroxy (BHA), or benzoyl peroxide. Extensive retinol usage for extended periods of time must be reported to the treatment provider. I understand and accept that Setty Plastics and Aesthetics will not be responsible if I fail to give this important information. I understand and accept that risk.

_____ I have been informed that there may be a possibility of pain or discomfort even after the topical anesthetic has been used. Anesthetics work better on some people more than others.

_____ I have been informed that that although rare, there is a risk of infection. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "Pre and Post Procedure Instructions" on how to care for the treatment area. If infection does occur, this could result in uneven pigmentation, however, this can be corrected during the follow up appointment. I understand and accept that risk.

_____ I have been informed that every effort will be made to avoid asymmetry, however, our faces are not symmetrical so adjustments may need to be made during the follow up appointment to correct any unevenness. Remember – eyebrows are not twins, they are sisters.

_____ I have been informed that there may be swelling or bruising in the area treated. Ice packs will help with bringing down any swelling, and this will usually disappear within 1-5 days. Most people do not swell or bruise at all.

_____ Topical anesthetics are used to numb the area treated. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream, gel or liquid form are typically used. I am not allergic to any of these numbing agents and consent to the use of these different topical numbing agents to perform the treatment.

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_____ I agree should I need an MRI, I will inform my MRI technician of the tattoo method used on my eyebrows. Pigments used in permanent and semi-permanent cosmetic procedures contain certain inert oxides, a low level magnet may be required if you are scanned by an MRI machine.

_____ I have been informed there is a possibility of an allergic reaction to the pigments or other materials used. I understand I have the option to take a patch test 5-7 days prior to treatment to determine if I am allergic.

_____ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids may not be used on the treated areas following treatment. They will alter the color.

_____ I understand that sun, tanning beds, pools and some skin care products and medications can affect my 3D Eyebrows.

_____ I accept the responsibility to explain to my 3D Eyebrow Expert my desire for specific colors, shape, and position for any procedure done today. I understand my 3D Eyebrow Expert will help guide me to a great shape and color suitable for my face and we will both agree with the shape, color and position of my eyebrows prior to proceeding.

_____ I understand that a follow up appointment for touch up may or may not be necessary.

_____ I consent to the use of photographs for recordkeeping purposes; these photographs may be taken before, during and after my treatments.

_____ I consent to the use of these photographs for providing information to other clients and to the public about my treatment. They may be shown during client consultations, as well as public promotional lectures and demonstrations, and may be reproduced in educational, instructional and promotional literature and on the Setty Plastics and Aesthetics website. My identity will not be compromised.

_____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures as outlined above. I have been given the opportunity to ask questions and all my questions have been answered.

_____ I have read and understand all the information presented to me before signing this consent. I understand the risks of side effects, despite proper treatment, exist in **all** cases, but can be greatly reduced by following the pre and post procedure instructions and results **will** vary between individuals and treated areas. I understand that there are many variables that may affect my treatments and that I have been made no promises.

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Microblading Pre and Post Procedure Instructions

What to Expect:

- Mild swelling, itching, light scabbing, light bruising and dry tightness.
- Too dark or slightly uneven appearance. Darkness will fade 2-7 days after treatment. Any adjustments necessary to shape or color will be made at 4 week follow up appointment.
- Color change or color loss. Color will lighten and may disappear in certain places. This will be corrected at the 4 week follow up appointment.
- Fading 6 months to 1 year. Future touch ups will be necessary as this is a semi-permanent procedure that will require maintenance for a fresh look.

Pre-Care Instructions:

- Avoid the following for the three days before treatment (only applies to the area being treated): Electrolysis, waxing, depilatory creams, laser hair removal, sun exposure, laser therapy, products containing retinol, alpha-hydroxy acid (AHA) or beta-hydroxy (BHA), or benzoyl peroxide
- Avoid alcohol 24 hours prior to treatment. This can thin your blood.
- Avoid Botox or any other agent that may have shifted your eyebrows and how they are set on your face 2 months prior to treatment.

Post-Care Instructions:

- **DAY 1:** With a sterile Q Tip, apply the triple antibiotic for 24 hours following procedure.
- **DAY 2-3:** Each morning and night, with a sterile Q Tip, apply the White Petrolatum to brows, wipe ONCE, then dab until dry.
- **DAY 4:** With a sterile Q Tip, apply the White Petrolatum to brows, dap off – do not wipe.
- Do not get the eyebrows wet for 1 week following procedure. Before showers or workouts, apply the White Petrolatum to brows. After showers or workouts, wipe ONCE, then dab until dry.
- Do not scrub or pick treated areas.
- Do not use any products containing retinol, alpha-hydroxy acid (AHA) or beta-hydroxy (BHA), or benzoyl peroxide during or after healing. This will fade the color.
- Avoid sun for 7 days.
- Avoid swimming for 14 days.
- Do not dye, tweeze or use makeup on the eyebrows for one week following procedure.