



Beauty By Hannah Lebron

MICROBLADING PRE PROCEDURE ADVICE

Please read the following advice carefully and sign at the end.

- **NO CAFFEINE THE DAY OF YOUR PROCEDURE!!!**
- Microblading procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place between 4-6 weeks after the initial procedure.
- Please be aware that color intensity will be significantly darker and sharper immediately after the procedure. This will reduce by 10-30%
- Although numbing cream is used during the procedure, slight sensitivity/ discomfort may still be felt by sensitive clients.
- Delicate or sensitive skin may be red and/ or swollen after the procedure.
- Please wear your normal make-up to the salon on the day of your procedure.
- Please do not drink alcohol the night before treatment.
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper (Piper nigrum), Cardamom (Elettaria cardamomum), any member of the Zingiberaceae (Ginger) family Cayenne (Capsicum frutescens) Cinnamon (Cinnamomum cassia), Garlic (Allium sativum), Horseradish (Armoracia lapathifolia), Mustard - A patch test will be performed, unless waived upon request.
- Any brow shaping using waxing should be performed at least 48hrs before the treatment.
- Electrolysis treatment should be undergone no less that 5 days before the treatment. AHA preparations should be undergone no less than 2 weeks before the treatment. Chemical, laser peel or Retin-A should not be utilized 6 weeks before the procedure.

Topical anesthetic advice

Allergic reaction: can occur from any anesthetics using during procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.

Numbness: We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.

Procedure: For microblading procedure a numbing cream/gel is used. The products are formulated to be perfectly safe and can be purchased over the counter from any pharmacy/ chemist. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment. As a result of the treatment, combined with the use of the anesthetic you can expect to experience some redness/ swelling that can last 1 - 4 days. You should always follow your post procedure advice/ after care for the best results.

I have read and fully understood the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the microblading procedure.

I agree to follow pre-procedure advice closely

Client's Name: _____ Date: _____



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Please read this form fully and sign at the end. If you are unsure about a particular detail of the form, please speak to your therapist.

- If an unforeseen condition arises in the course of microblading procedure, I authorize my therapist to use his/her professional judgement to decide what he/she feels is necessary under the given circumstances.
- I accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during consultation.
- I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment.
- I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.
- I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.
- I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.
- The result of the procedure is determined by the following; medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), Personal pH balance of your skin, alcohol intake and smoking, post procedure after care.
- Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases bruising may occur. You may resume your normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care card for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional make-up on the affected area.
- I have been advised that the true color will be seen 1 month after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.
- To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.
- I agree to follow all pre/post procedure instructions and price as provided and explained to me by the technician. The 100 dollar deposit is non refundable.
- I can confirm that I have received a copy of after care details.



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- Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any permanent cosmetics procedure performed by Hannah Lebron.
- For the purpose of documentation, record and use in portfolio, also consent to the taking of before and after photographs of my procedure.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROBLADING PROCEDURE. THE TREATMENT IS PERFORMED AT MY REQUEST, ACCORDING TO THIS CONSENT, PRE-PROCEDURE FORM AND POST PROCEDURE GUIDELINES. I HEREBY AUTHORIZE HANNAH LEBRON TO PERFORM MICROBLADING PROCEDURE ON ME.

Client Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Technician Name: Hannah Lebron _____ Date: _____

Business
Address: 8383 Center Dr. Suite D _____ City: La Mesa _____ State: CA _____ Zip: 91942 _____

Signature: _____ Date: _____



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Name: _____ DOB: ___ / ___ / ___ Age: _____

Address: _____

Phone: _____ Email: _____ Occupation: _____

List ANY medications you have been taking in the last 6 months: _____

Have you received chemotherapy or radiation in the past year? _____

Have you ever had an allergic reaction to the following? Lanolin _____ Dyes _____

Latex Rubber _____ Metals _____ Hair _____ Vaseline _____ Medication _____ Foods _____

Lidocaine _____ Paints _____ Crayons _____ Glycerine _____

Have you ever had one of the following? Check ALL that apply.

Retin-A within last 2 weeks _____ Sensitivity to cosmetics _____ Anemia _____

Prolonged bleeding _____ Trichotilomania _____ Epilepsy _____ Hepatitis _____

Low Blood Pressure _____ Hemophilia _____ Liver Disease _____ HIV _____

Artificial Heart Valves _____ Fainting spells or dizziness _____ Cancer _____

High blood pressure _____ Diabetes Circulatory Problems _____

Tumors, growths or cysts _____ Thyroid disturbances _____ Hair Loss _____

Alopecia _____ Chemical or laser peel within 6 weeks _____ Do you scar easily _____

AHA preparations in the last 2 weeks _____ Fat, Botox, or Collagen injections _____

Hypertrophic scars _____ Keloid Scars _____ Healing problems _____

Do you bruise or bleed easily? _____ Are you currently pregnant or nursing? _____

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What are your main concerns with your eyebrows & what would you like to improve?

Please read the following statements carefully: Microblading is a way of cosmetic tattooing. Re-touch procedures may be required. A healing period of 4 weeks is required before a touch up procedure can be performed. On a rare occasion, the pigment may migrate under the skin. Procedure of microblading may be slightly uncomfortable. The pigments will fade. Immediately after the procedure, the pigment can appear 30-50% darker than the desired result. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. Permanent cosmetics cannot be applied to pregnant women or nursing mothers. Permanent cosmetics cannot be applied to any person under the age of 18. Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/ discuss with your doctor. Possible scarring may occur, but is extremely rare.

**I have received an after care leaflet and I'm fully aware of the after care procedures.
I have fully understood the information provided above.
I can confirm that all of the information provided by me, is correct and truthful.**

Client's Full Name: _____

Signature: _____

Date: _____

Technician Name: _____ **Hannah Lebron** _____

Signature: _____

Date: _____



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EYEBROW MICROBLADING AFTERCARE

Day One:

- For the first few hours, blot your brows carefully with sterile gauze, lightly dampened, to prevent fluid buildup and scabbing.

Day One Until Healed: First 2 weeks

- Wash brows gently (use a patting motion, not rubbing) morning and night with a gentle soap and apply aftercare product sparingly, only a super light layer is needed. This can be done the night of your procedure and continue daily until healed. Once healed, you may resume your usual skin care.
- **DO NOT ALLOW YOUR BROWS TO GET WET**, other than washing twice a day.

Important Notes:

- Aftercare can be Aquaphor, Grapeseed or Jojoba Oil (can be purchased at any drug/grocery store). After care should be applied a few times a day, very sparingly, with clean fingertips until completely healed to help with dryness.
- Do not pick or rub your brows. The flakes must fall off on their own or you risk removing the color and possibly scarring.
- Do not soak the treated area in the bath, pool or hot tub. Refrain from swimming in salt water or chlorinated pools until healed (30 days).
- No saunas or Hot Yoga for 30 days.
- When exercising wear a sweat band to avoid sweat on your brow area. No exercise for the first 14 days.
- Do not expose treated area to direct sunlight.
- After healed (30 days), use a sunblock to avoid sun fading.
- Avoid touching your brows and try to sleep on your back until your brows have healed.
- You cannot give blood for one year following your procedure, per the American Red Cross.

Failure to follow proper after care procedures may cause loss of pigment, discoloration or infection.

Remember colors and hair strokes appear darker and sharper after your microblading treatment. As your brows heal, the color will soften and some hair strokes may disappear and reappear.

If you have any questions or concerns, please feel free to contact Hannah Lebron at (619) 567-4159.



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EYEBROW MICROBLADING PROCEDURE **(SEMI-PERMANENT MAKEUP)**

I understand the following completely: (initial each statement)

- _____ **Microblading can last 6 to 18 months depending on how my skin reacts to the procedure. There maybe fading and/or discoloration, The results may not be what I expect to receive. I understand this is a semi permanent makeup that may take numerous follow ups and touch ups to get the desired results.**
- _____ **The perfecting session is mandatory, and should be scheduled 5 to 8 weeks after my initial treatment. If I miss my touch up appointment, I understand a fee of \$100 will be charged for a later appointment. After 12 weeks the charge is \$199.**
- _____ **There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure and individual results may vary.**
- _____ **I have seen and agree with the shape that artist has created, I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.**
- _____ **There may be risks and hazards related to preforming this procedure.**
- _____ **There may be discomfort and pain during the procedure.**
- _____ **There is a possibility of bleeding, swelling, redness and allergic reaction to the pigment.**
- _____ **Microblading is considered semi permanent make up and can/will fade over time.**
- _____ **Microblading, though semi permanent, may last permanently and not fade.**
- _____ **Surgical procedures may be required to remove pigment from skin. These procedures may cause scarring and damage to the skin.**
- _____ **Final results cannot be determined until brows are completely healed at 4-6 weeks.**



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- _____ I understand that final results of permanent and semi permanent makeup procedures cannot be guaranteed, as there are many variables that contribute to final results, such as after care, skin type, lifestyle, ect.
- _____ I have received post care instructions and will follow them to ensure results of my procedure are satisfactory.
- _____ I am NOT pregnant.
- _____ I am NOT under the influence of drugs and/or alcohol or any other mind altering substance.
- _____ I fully understand the procedure and give permission to Hannah Lebron to preform the service of 3D Eyebrow Microblading.
- _____ I have truthfully filled out the consent form and informed Hannah Lebron of all medications I take.
- _____ I have REFUSED the patch test.
- _____ I release Hannah Lebron and Beauty by Hannah Lebron of all claims of injury, seen and unseen that may occur as a result of this procedure.
- _____ I have not consumed caffeine today.

Printed Name _____

Signature _____ Date _____