

# Consent for Microblading Services

## 1. Client Name:

Type your answer here

## 2. Please Select Today's Date:



1. Risks: I understand that there are inherent risks associated with the microblading procedure, including but not limited to infection, allergic reactions to pigments, dissatisfaction with the outcome, and the need for touch-up sessions.
2. Pre-Procedure Care: I agree to follow all pre-procedure instructions provided by the microblading artist, including avoiding certain medications and substances that may affect the outcome of the procedure.
3. Procedure Process: I understand that during the microblading procedure, a handheld tool with fine needles will be used to create small incisions in the skin and deposit pigment into the eyebrows.
4. Post-Procedure Care: I agree to follow all post-procedure care instructions provided by the microblading artist, including avoiding exposure to water, sun, and certain skincare products for a specified period.

I have read and understand the information provided in this consent form, and I hereby consent to undergo the microblading procedure under the terms outlined above. \*

I agree to use [electronic records and signatures](#).

Clear

✕ Customer Signature

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