

Lindsay's Luxe Skin and Waxing

MICROBLADING GENERAL/MEDICAL CONSENT FORM

STARLET HAIR LOUNGE AND SKIN CARE

4121 LOS COYOTES DIAGONAL

LAKEWOOD, CA 90713

(562) 292-0735

Name: _____ Date of Birth: _____

Address: _____

Phone Contact: (____) _____ - _____ Email: _____

Do you prefer to be contacted by phone call, text, or email? _____

Did a friend or family member refer you? If so, who? _____

Please read this form carefully and sign your "Initials" on each line. Lindsay will need to attach a black and white copy of your Driver's License or ID to your consent form before your service.

By initialing and signing this form you are "agreeing" to the release and waiver of all claims. By signing this consent form you have been given the full opportunity to ask any and all questions which you might have about obtaining semi-permanent make up by technician Lindsay Hoffman and all of your questions so far have been answered to your full and total satisfaction.

GENERAL/ MEDICAL RELEASE WAIVER

Please read then "Initial" each line.

_____ I have truthfully represented that I am 18 years of age or older

_____ I am not under the influence of any drugs or alcohol

_____ I understand that obtaining semi-permanent make up is my choice alone

_____ This treatment will result in a semi-permanent change in my appearance

_____ After receiving this treatment Lindsay will not be able to erase or remove any pigment that was placed into the brow area during the service. It is very costly to remove semi-permanent pigment

_____ No false representations have been made to me as to the ability to later restore the skin involved in semi-permanent make up to the original condition

_____ I am aware that sterile needles and pure pigment will go into my skin at the dermal level

_____ I do not have a physical, mental, or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have semi-permanent makeup at this time

_____ I am not pregnant or currently nursing (compromises healing)

_____ I do not have a "medical history" of any of the following:

-Epilepsy -Diabetes (inability to heal fast) -Allergic reactions to Latex or Antibiotics

-Allergic Reaction to Iron Oxide, Glycerin, or Lidocaine

-Herpes in the eye or brow area -HIV -Keloids or Hypertrophic scarring

-Psoriasis in the hairline or brow area -Heart Conditions -Heart Surgery or Pace Maker

-Brain Surgery -Metal Plates -Trichotillomania (Skin Picking Condition)

_____ I will circle all that apply if I "currently" have any medical or skin conditions such as, but not limited to:

- Thyroid Disorders - High/Low Blood Pressure -Chronic Migraines -Cold Sores

-Open Sores Or Lesions -Fainting/Seizures -Hepatitis -Cancer -Auto-Immune Disorder

_____ I do not have cardiac conditions or any past/current heart valve disease

_____ I do not have a history of medication or currently using medication, including being prescribed to

dental or surgical procedures

_____ There is a chance I feel light headed or dizzy during and after the procedure and agree to immediately notify Lindsay in the event that I might feel any of these symptoms during the procedure.

_____ I am properly hydrated and have eaten before this procedure

_____ I have not taken any pain relievers on the day of my microblade treatment

_____ I understand that there are no discounts or refunds on this service

_____ I agree to release and forever discharge, and hold harmless, the technician Lindsay Hoffman, all employees, contractors, and the management of Starlet Hair Lounge and Skin Care from any and all claims of negligence, damages, or legal actions arising or connected in any way with my procedure, and conduct used in my semi-permanent brow procedure

_____ I assume all responsibility for my and Lindsay's decisions made consenting to this procedure

BROW PHOTOS AND VIDEOS

_____ I will not record or take pics of my own brows during the service

_____ Lindsay has my consent to use photos and videos of my treatment on social media and for any/all advertising purposes.

THE HEALING PROCESS

_____ After each microblading treatment is performed I will follow strict at home care instructions that are provided by Lindsay Hoffman

_____ I understand results may vary with each person

_____ I understand my brows will go through different phases of healing like a regular "controlled" injury does.

_____ I will allow the natural scabbing process to run its course

_____ I will not touch or pick or let anything come in contact with my brows

_____ I will not work out or sweat for the next 7 days no exceptions

_____ I will not apply any healing creams or ointments over my healing brows.

_____ my skin has natural oils that will assist in the healing process and will naturally separate the scabs from the skin. Lindsay uses a "dry healing" technique for keep hair strokes crisp

_____ I am prepared to be patient during the healing process as true results may not be seen until after my brows are completely done healing. it will take 30 days to see true results.

_____ I understand part two of the microblading procedure must be scheduled and take place not before or after 30-45 days

_____ I am aware that semi-permanent pigments/inks are not FDA approved and that the health consequences of using these products are unknown.

_____ I will first refer to my take home care sheet and/or Starlet's website for answers before contacting my technician. Lindsay will provide an after care sheet with instructions after each microblade treatment

MICROBLADE PRICING

Consultation and Deposit

\$100 deposit can paid in person at the salon or by email invoice. Deposit will be deducted from this price on day of treatment. Remaining balance owed on treatment day will be of \$275

Initial Microblade Treatment/ Part 1

2nd Treatment is required 30-45 days after 1st Treatment in order to complete the procedure

2.5-3 hours

\$375

Second Microblade Part 2

2nd Treatment is required 30-45 days after 1st Treatment in order to complete the procedure

2.5-3 hours

\$100

TOUCH UP PRICING

These OPTIONAL Touch Ups can only be performed 30 days "after" your brows have healed from 2nd Treatment (Part 2). Touch ups are OPTIONAL, but a One Year Touch Up is recommended to keep your brows looking there best!

Within 180 Days

..from date of 1st Treatment (Allow 2.5-3 hours for Perfection)
\$85

Between 181-365 Days (One Year)

..from date of 1st Treatment (Allow 2.5-3 hours for Perfection)
\$150

Between 366 Days-3 Years

..from date of 1st Treatment (Allow 2.5-3 hours for Perfection)
\$190

If your original Microblade Treatment was performed by another artist and you're in need of a Touch Up, you will pay the full price of \$375 no exceptions. Lindsay can not remove any previous pigment from the skin. Touching up another artists work is usually more difficult and time consuming. If you are looking for a Touch Up price only then we recommend contacting your original brow artist. Microblade pricing after 3 years with out receiving a touch up(s) will cost the original price of your Initial Treatment \$375.

CLIENT NAME(PRINTED) _____ DATE _____

CLIENT SIGNATURE _____ DATE _____

TECHNICIAN SIGNATURE _____ DATE _____

ESTHETICIAN NOTES: ATTACH ID TO THIS PAGE

PIGMENT COLOR-

SHAPE PREFERENCE-

BLADE LOT NUMBER-

HOLDER LOT NUMBER-