

AVALION

Microblading/Ombre Treatment Form

Name _____

E-mail Address _____

Mobile Phone Number _____ Landline Phone Number (if applicable) _____

Address _____

Occupation _____

Date of Birth _____

Please read these statements carefully:

- Permanent cosmetics are a form of tattooing.
- Re touch procedures may be required.
- A healing period of 4 to 6 weeks is required before any touch-up procedure can be performed.
- On rare occasions the pigment may migrate under the skin.
- Application of permanent cosmetics can be uncomfortable.
- The pigments will fade.
- Immediately after the procedure, the pigment can be 30 to 50% darker than the desired result.
- There may be immediate or delayed allergic reaction to pigments. However, allergic reactions are extremely rare.
- A negative allergy test result will not guarantee that you will not have an allergic reaction.
- Infections can occur if aftercare is not followed.
- Allergic reactions to anaesthetics can occur.
- There may be swelling and redness following the procedure.
- You may experience minor bleeding.
- If you have a MRI scan within 3 months your permanent cosmetics procedure we recommend that you discuss this with your doctor. This information is not intended to alarm you. However, it is imperative that you are informed of the risks involved.

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Eyebrow Photos

Insert Close Up Front
View Of Both Brows

Insert Close Up
Of Right Brow

Insert Close Up
Of Left Brow

Full Facial To Show
The Shape Of Your Face

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Microblading Treatment Required

Please select the option the best describes the microblading treatment required

Medical Information

Name of Doctor: _____

Surgery Name: _____

Surgery Phone Number _____

Surgery Address _____

Please list all the medication taken within the last 6 months

Have you received chemotherapy or radiation treatment in the last year? _____

If 'yes' please provide additional information: _____

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General Consent & Procedure Permit

1. I hereby authorise (microblading technician) _____
2. Of (company name) _____ to perform the microblading/ombre brow treatment upon myself. If any unforeseen condition arises in the course of this procedure(s), calling in their judgement in addition to, or different from those now contemplated, I further request and authorise the technician to do whatever they deems advisable and necessary in the circumstances.
3. I accept responsibility for determining the colour, shape and position of the permanent cosmetic procedure as agreed during the course of my consultation.
4. I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment. I confirm I have completed a patch test for this procedure, within 6 months of the treatment date.
5. I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade in between 1-3 years.
6. 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.
7. I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results and that 100% success cannot be guaranteed. I understand this is why I need to return for a retouch procedure.
8. I understand that a retouch procedure will be performed 1-3 months after the initial procedure and after a 3-month period I will be charged an additional fee for any further work. I will book the appointment when it is convenient for both parties.
9. The result of the procedure is determined by the following: - Medication - Skin Characteristics - (dry, oily, sun-damaged and thickness) - Natural skin undertones - (blending with chosen pigment) - Personal pH balance of skin, which changes from visit to visit - Alcohol intake and smoking - Post procedure care treatment
10. Upon completion of the procedure there may be swelling and redness of the skin, which will subside in 1-4 days. In some cases bruising can occur. You may resume normal activities immediately following the procedure, however, using cosmetics, excessive perspiration wetting and exposure to the sun on the affected area should be limited. See specific post-procedure instructions for details. You can however, be assured the procedure, even after only one treatment, looks acceptable and you should feel comfortable appearing in public without additional makeup on the affected area.

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11. I have been advised that the true colour will be seen 1 month after each procedure, and that the pigment may vary in colour according to skin tones, skin type, age and skin conditions. I understand that some skins except pigment more readily than others and no guarantee to an exact effect or colour can be given.
12. I am aware that the lip procedures may stimulate any dormant virus such as herpes (cold sores). I am informed that eye procedures may stimulate dormant eye disorders or eye infections, and that some medication can prevent absorption of the pigment.
13. 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 am at least 18 years old. I am not under the influence of drugs or alcohol, pregnant or breastfeeding.
14. I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician.
15. Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequence that might stem from my decision to have any permanent cosmetics procedure performed by [enter technician's name] (microblading technician)
16. For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of the microblading procedure(s)

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Topical Anaesthetic Form

Allergic Reaction

Allergic reaction can occur from any anaesthetics used during the procedure. If you do suffer from an allergic reaction you should contact your doctor immediately. Allergic reaction response may display redness, itching, swelling, a rash, blistering, dryness or any other symptom associated with allergy.

Numbness

We cannot accept responsibility if the treatment area does not numb. Each individual is different according to the skin type. Some clients have reported that the area is totally numb while others say they experience some discomfort.

Procedure

For all procedures a cream or gel topical anaesthetic is used. These products are perfectly safe, and can be purchased over the counter from any chemist. The anaesthetic is placed over the treatment area for between twenty to thirty minutes then carefully removed prior to treatment. Please be aware that you may experience swelling and redness that can last between one and four days. You should always follow your post procedure instructions.

Authorised Use Only

Skin Type _____

Pigment Colour _____

Consultation Date: _____

Treatment Date: _____

Top-Up Date: _____

Location: _____

Treatment Price: _____

Top Up Price: _____

Renatablondon@hotmail.com