

# Micro Shading Consent Form

I, \_\_\_\_\_ hereby consent to and authorize  
Name

\_\_\_\_\_ to micro shade my eyebrows.  
Micro shading Artist

I have voluntarily elected to undergo this procedure after the nature and purpose of this procedure has been explained to me, along with the risks and hazards involved \_\_\_\_\_

Although it is impossible to list every possible complication, I have been informed of the possible risks, complications and benefits. I also recognize there are no guaranteed results and that results are dependent upon age, skin condition, lifestyle and aftercare \_\_\_\_\_

I understand that this is a 2 and sometimes 3 step process and I will be required to return at the date designated by the micro shading artist. Anytime past the set date will require payment \_\_\_\_\_

I have read all the after care instructions and understand how important it is for me to follow all the after care instructions for the outcome of the healed brows \_\_\_\_\_

I have also, to the best of my knowledge, given an accurate account of my medical history, including any allergies, prescription drugs or products I am currently ingesting or using topically \_\_\_\_\_

I acknowledge that the proposed procedure involves risks inherent to the procedure and have possibilities of complications during and/or following the procedure such as: infection, poor color retention, and hyperpigmentation \_\_\_\_\_

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician whose name appears below, for any of my conditions that were present but not disclosed at the time of this procedure which may be affected by the procedure done today.

Consent and release for procedures performed:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date