



ISHNAE & CO

After care is very important for producing a beautiful and lasting results.

DAY 1 - 14 (or until fully healed)

- WASH gently with unscented gentle soap and cold water. Next pat DRY with paper towel, and MOISTURIZE by applying the ointment given to you at the appointment. If eventually you run out of this, you can purchase vitamin A & D at any drugstore but you have enough in the amount sent home with you.
- Apply a THIN layer of ointment about 2-3 times daily prevent over scabbing or when you feel it's dry. You'd apply with freshly washed hands, never rubbing always patting. On average apply ointment 2x a day, enough too moisturize if you feel it's too dry. Less is more with the ointment.
- Properly cleanse around the tattooed area, should it get any debris of oils or makeup with damp warm cloth.
- Do not scrub, rub or pick at the crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out.
- If area gets itchy DO NOT scratch simply pat with ointment.
- Do not use any makeup near or on the procedure area until healed.
- Minimize exposure from the sun and avoid sunbathing as well as suntanning.
- Avoid swimming, saunas, and facials.
- Do not workout while area is still healing. This is too avoid pores opening up more than necessary and releasing the pigment and creating a blur like effect to the results.
- Be careful when you sleep on your side, this can cause pigment to come out. Always sleep face up.

What's normal?

- Mild swelling, itching, light scabbing light bruising and dry tightness. Aftercare balm can be used for scabbing and tightness.
- Too dark and slightly uneven appearance. After 7-14 day the darkness will fade and once swelling dissipates unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks then we will make adjustments during the touch up appointment.
- Color change or color loss. As the procedure area heals the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment and is why the touchup is necessary. The procedure area has to be completely healed before we can address any concerns. This takes about four weeks.

****Failure to follow after care instructions may result in infections, pigment loss, or discoloration.****

Consent and Release Agreement for Micro-Blading/ Micro- Shading

Name _____ DOB _____ Phone _____

Email _____ Date _____ Clients Age _____

Although 3D Micro-Blading / semi- permanent technique is affective in most cases, absolutely no guarantee can be made regarding the client's benefit from the procedure.

This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing.

All instruments that enter the skin or come in contact with body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation

. It is usual to expect a touch up after the healing is completed. Initially the color will appear much more vibrant or darker compared to the end result. Usually within 7 days the color will fade 40% to 60%, soften and look more natural. After the 1st touchup, the pigment is semi-permanent and will fade over time and will likely need to be FULLY touched up within 9 months to a year.

Photography Release Consent

We would like your permission to use your photos/video for advertising. For example, our studio portfolios, online and print adds, etc. Your consent is necessary regarding.

Do you consent? Circle: YES / NO

Price Quoted (Including Deposit) \$ _____

Promo Type (If Applicable) _____

How did you hear about me? _____

Referred By (Full Name) _____

Artist Name: Renee Rivera



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STATEMENT OF CONSENT AND RECITALS: Please read and initial all lines.

___ Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or text you.

___ I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

___ I understand that Retin A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on the treated areas. They will alter the color.

___ I understand that sun, tanning beds, pools, some skin care products, and medications can affect my permanent makeup.

___ I accept the responsibility to explain to you my desire for specific colors, shape, and position for any procedure done today.

___ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with a touch up from the Initial/First session within 4-8 weeks (included in the initial rate) and future touch ups (Color Boosts) every year after my Final Session (not included in the rate).

___ I acknowledge that the proposed procedure involves risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention.

___ I understand that by having a previous tattoo my Micro-Blading/ Micro-Shading might not retain its pigment.

___ I understand that I might require extra touch ups if I have a previous Brow Tattoo. Not included in price.

___ I understand that if I'm pregnant or breastfeeding it is my responsibility to talk to my doctor about any complications. I understand this is not your responsibility & I will not hold you liable for any reason.

___ Touch up sessions (Color Boost) are after the Final Session, and are not included. Color Boosts are \$250 per year from your last session (no extensions allowed).

___ I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure and I have had the opportunity to ask questions and all of my questions have been answered. I understand that there is absolutely No Refund to this this elective procedure.

Signed _____ Date _____



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Possible risks, hazards or complications:

- Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.
- Infection:** Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care.
- Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.
- Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears with 1--5 days. Some people don't bruise or swell at all.
- Anesthesia** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.

Do you presently have or previously had any of the following: (Circle Yes or No)

Yes / No Medical History

Yes / No Diabetes

Yes / No Insulin Yes/No

Yes / No Hepatitis (A,B,C,D)

Yes / No Easy bleeding

Yes /No Chemical Peel (last treatment_____)

Yes /No Pregnant now/ Breast feeding now

Yes /No Cancer year_____

Yes /No Accutane or acne treatment

Yes /No Chemotherapy/ Radiation

Yes /No Tan by booth or sun

Yes /No Difficulty numbing with dental work

Yes /No Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, ect. _____

Yes/No HIV/ Aids

Yes/No Keloids

Yes / No Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine...

List _____

Yes No Any diseases or disorders not listed: _____



TECH USE ONLY

ID Provided/State/#: _____

INITIAL SESSION

DATE: _____

TECHNIQUE

Nano Strokes Nano & Shade (Feathered) Nano & Shade (Defined)
Nano Micro-shading Powder Ombre Soft Powder Ombre

CLIENT BIO

How often do they wear brow makeup? Daily xWeek xMonth Hardly Ever Never
What brow products are used? _____

Skin Type: Very Dry Dry Normal Combo/Oily T-Zone Oily Very Oily

Profession: _____

Home City/State: _____

BROW DESIGN

- Favorite Brow & Why: _____
- Arch Bend: Soft Curve Soft Angle Other
- Arch Height: Low Medium/Low Medium Medium/High High Other
- Front Starting Point: Natural Start Slightly Inwards More Inwards Other
- Front Brow Pattern: Soft Rounded Soft Squared Soft Natural Other
- Thickness: Natural Thickness Thinner Thicker Other
- Tails: Natural Length Slightly Shorter Slightly Lifted Slightly Lengthened
Lengthened/Lifted Other
- Color: ADANBND Other: _____
- Desires: _____
- Fears: _____
- Additional Notes: _____

Nano Needles: _____ Speed: _____ Angle: ___ Method: _____

Shading Needles: _____ Speed: _____

Machine: _____

Color: _____

Time: _____ Pain Level: _____ Other Notes: _____

FINAL SESSION

DATE: _____

Healed Results: _____

Nano Fading %: _____ Shading Fading %: _____

Plan Of Action: _____

Nano Needles: _____ Speed: _____ Angle: ___ Method: _____

Shading Needles: _____ Speed: _____

Machine: _____

Color: _____

Time: _____ Pain Level: _____ Other Notes: _____