

Microblading Consent Form

Name:	Alexandra Hamilton	Date:	03/01/2024
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Other:		
Address:	789 Oak Lane, Springfield		
Contact Number:	555 987 6543		
Email Address:	xandra.hamilton@email.com		

I, Alexandra Hamilton, consent to a consent to a microblading procedure to enhance the appearance of my eyebrows. I understand that this is a semi-permanent cosmetic treatment involving the manual deposit of pigment into the upper layers of the skin.

I consent to undergo the following microblading procedure:
Ombre brows

I consent to using the following pigment:
organic pigment, espresso hue

I acknowledge that I have been informed of all potential risks and side effects associated with the microblading treatment, including but not limited to:

Temporary itching and redness
Possibility of pigment fading over time
Rare chance of allergic reaction to the pigment

- I have had the opportunity to ask questions and seek clarification.
- I have read and understood the information provided in this consent form. I willingly consent to the proposed microblading treatment.
- I understand that I have the right to withdraw my consent at any time without facing any consequences.



Alexandra Hamilton

Client Name and Signature



Sandra Lee

Staff / Witness Name and Signature