

Microblading Consent Form

Name:		Date:	
Gender:	Male	Female	Other:
Address:			
Contact Number:			
Email Address:			

I, _____, 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:

I consent to using the following pigment:

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

- 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.

Client Name and Signature

Staff / Witness Name and Signature