

## **MICROBLADING: DISCLOSURE AND CONSENT FORM**

Microblading, the process of implanting micro insertions of pigment into the upper dermal layer of skin. Microblading is a form of tattooing used for the purpose of eyebrow enhancement.

Please sign at the end of the form.

\_\_\_\_\_ I hereby authorize Hamilton Dermatology to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for the purpose of advertising and may be kept on file.

\_\_\_\_\_ I have informed Hamilton Dermatology that I am in good health and not under the care of any physician and not on blood thinners.

\_\_\_\_\_ I understand that there may be known and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

\_\_\_\_\_ I agree to wave a patch test prior to application and I agree to release Hamilton Dermatology and pigment manufacture(s) from any and all liability related to an allergic reaction or any other reaction applied pigments. A patch test is the process of applying pigment to the skin in the hairline to test for an abnormal reaction. If a patch test is requested, your appointment will be delayed 3 days to allow for reaction results. Most patients do very well with this procedure and pigment line.

\_\_\_\_\_ I understand that allergic reactions to pigment are very rare, however, they can and do occur and when they occur they may require a steroid prescription. The patient must contact Hamilton Dermatology concerning this matter.

\_\_\_\_\_ I have been told that this procedure may involve pain and discomfort.

\_\_\_\_\_ I understand the markings are permanent and that there is a possibility of hyperpigmentation resulting from the procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.

\_\_\_\_\_ I understand that this is a cosmetic tattoo and with time pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and use of chemicals such as Retin-A and Glycolic acids. Touch-up maintenance work will be expected in the future to keep it looking fresh.

\_\_\_\_\_ I understand that a follow-up procedure may be required. Follow up procedures are to be used within 8 weeks of initial appointment. Cancellation of follow-ups must be done within 48 hours of procedure in order to not incur fees. If the follow-up appointment is either

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canceled, I become a no-show, or I take my appointment after 8 weeks of the initial procedure, I acknowledge that the follow-up appointment is no longer considered "included in initial fee", but is now a fee of \$150 paid at the time of the procedure.

\_\_\_\_\_ I understand that there is No Refund policy on permanent makeup. For some reason, if my pigment does not stay or needs more touch-ups I agree to contact Hamilton Dermatology for further discussion on additional applications. However, I am fully aware that refunds will not be received.

\_\_\_\_\_ I understand that I must follow post-procedure instructions. Post-procedure and aftercare will be given to each client at the end of each procedure.

\_\_\_\_\_ I have read and understand the contents of each item above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s).

I voluntarily request treatment by Tiffani K. Hamilton, MD, or the medical personnel under her supervision at Atlanta Dermatology, Vein & Research Center. I have read and understand the content of each item above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this/these procedure(s) I was of sound mind and capable of making independent decisions for myself and that no one has coerced me into making this decision. I also agree not to hold neither Hamilton Dermatology and or/ anyone who may be assisting her/him liable for any reactions, outcomes, or occurrences that may or may not result from having this/these procedure(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_