Microblading / PMU Consent

Informed consent for microblading, permanent makeup, and cosmetic tattooing procedures

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Procedure Details

Procedure(s) Requested *

- ☐ Microblading (hair-stroke brows)
- ☐ Combo Brows (microblading + shading)
- ☐ Eyeliner — Upper
- ☐ Lash Line Enhancement
- ☐ Touch-Up / Color Boost
- ☐ Powder/Ombre Brows
- ☐ Lip Blush
- ☐ Eyeliner — Lower
- ☐ Scalp Micropigmentation

Health Screening

Are you currently pregnant or nursing? *

☐ Yes ☐ No

Are you taking blood thinners, aspirin, or fish oil? *

☐ Yes ☐ No

Have you taken Accutane in the past 12 months? *

☐ Yes ☐ No

Do you have any of the following?

- ☐ Diabetes
- ☐ Keloid scarring
- ☐ Cold sores / Herpes simplex
- ☐ Epilepsy
- ☐ Autoimmune disorder
- ☐ Cancer treatment
- ☐ HIV or Hepatitis
- ☐ Hemophilia
- ☐ None of the above

Have you had permanent makeup before? *

☐ Yes ☐ No

If yes, please describe

Do you have any known allergies to pigments, lidocaine, or latex? *

☐ Yes ☐ No

If yes, please describe

Risks & Aftercare

Important Information:
Permanent makeup is a form of cosmetic tattooing. Pigment is implanted into the upper dermis.

Potential Risks:
- Infection, swelling, and redness
- Allergic reaction to pigments
- Uneven color, asymmetry, or migration
- Scarring or keloid formation
- Color fading or changing over time
- MRI complications (rare)

What to Expect:
- Color will appear 40-60% darker immediately after the procedure
- Healing takes 4-6 weeks; final color emerges after full healing
- A touch-up is typically needed 6-8 weeks after the initial procedure

Aftercare:
- Keep the area clean and dry for 10 days
- Do not pick, scratch, or peel flaking skin
- Avoid sun, swimming, saunas, and sweating for 10-14 days
- No makeup on the treated area for 10 days
- Apply aftercare ointment as directed

I understand that permanent makeup is a tattoo process, results are not exact, and a touch-up may be needed. I accept the risks.

I understand the risks and that PMU is a tattoo process: _____

Service Log

For office use only

	Date	Area	Pigment / Lot #	Needle / Blade
Entry 1				
Entry 2				
Entry 3				

	Date	Area	Pigment / Lot #	Needle / Blade
Entry 4				

Consent & Signature

I consent to the permanent makeup procedure described above. I understand this is a tattoo process with inherent risks. I have disclosed all health information and accept responsibility for following aftercare instructions. I release the provider from liability.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY