



MICROFEATHERING®
STRIIKE INFORMED CONSENT & MEDICAL HISTORY RELEASE FORM

*You must read and fill out this form completely, indicating you understand and consent to the procedure.
Please print all information clearly.*

Date: ___/___/___

Name: _____

Email: _____

Phone: _____

Home Address: _____

Date of Birth: ___/___/___

This form indicates that you consent to have Microfeathering®, a Microblading procedure. It is a form of tattooing in and around the eyebrow region. It is typically a semi-permanent procedure, meaning the dye typically fades after 8-12 months. It is applied sterilely, using dye and a surgical blade. Great care is taken to avoid pain by numbing the affected area before commencing. You have the right to be well informed so you may decide whether or not to undergo the procedure(s) after knowing the risks involved.

This disclosure is not meant to frighten you. It is an effort to better inform you, so all aspects of consent to the procedure can be understood.



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Please read the statements below and write your initials before each one, to indicate you understand them completely. As a client, it is your responsibility to inform the specialist of all possible concerns before your procedure begins.

____ I am the person on the legal ID I have presented as proof that I am at least 18 years of age.

____ I am not under the influence of alcohol or drugs or any other substances, legal or otherwise.

____ I have been informed that I will need to have a touch-up within 6-8 weeks after the procedure. If I fail to come back within that time frame I will be charged for my touch-up.

____ I understand that Kristie Streicher has a 48-hour cancellation policy and I must cancel or change 48 hours before my appointment otherwise I will be charged 100% of scheduled service.

____ I understand that it is my responsibility to inform Kristie Streicher of any problems that I (or my doctor) think could occur before, during, or after the procedure (including but not limited to lightheadedness, dizziness, fainting, allergic reactions, illnesses, etc.). Medications, including aspirin or other medications that cause the blood to thin, must be stopped ten (10) days in advance of the procedure. Any medication changes must be under the supervision of your physician.

____ I understand that some medical conditions may be a contraindication for Microfeathering. Liver disease, any immunocompromised state, (HIV, chemotherapy, etc.), and pregnancy are among the contraindications for Microfeathering.

____ I understand that after my touch-up, in order to maintain my procedure, I may have to come back for further touch-ups, for which I will be financially responsible.

____ I understand that outcomes may vary considerably. Different skin types and tones will absorb the pigment in varying degrees. There is a chance of "spreading" of the pigment over time, and I understand those results may be permanent. The color of the pigment may change with time and sunlight exposure, among other factors. The individual pigment "strokes" may fade, widen, or change in appearance over time. I consent to Microfeathering®, knowing there are no guarantees to the final outcome or ultimate appearance over time.

____ I understand there may be risks and hazards related to the performance of this procedure, including but not limited to an allergic reaction to the pigment and/or other products that may be used, lightheadedness, bleeding, bruising, swelling, scarring, infection, permanent markings, and nerve irritation/damage.



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___ I understand that Trichloroacetic acid (TCA) peels or Laser Peels could cause more bleeding during the procedure. Electrolysis treatment should be undergone no less than 5 days before the procedure. AHA products and retinoids should be avoided no less than 2 weeks before the procedure. Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks before the procedure. Chemical and laser peels should be avoided no less than 6 weeks before the procedure. It is recommended to wait 4 weeks if you have had Botox injections before Microfeathering®.

___ Although great care and caution will be used, no warranty or guarantee has been made or implied as a result of this permanent makeup/camouflage/correction procedure.

___ Microfeathering® is considered semi-permanent and will typically fade with time and therefore requires touch-ups. There is a risk of some pigment permanently being retained in the skin.

___ I understand if there is residual Microfeathering® pigment, it may be possible to be removed with a surgical procedure, and any effective removal may leave permanent scarring or disfigurement. Also, under rare circumstances, misplacement of the permanent makeup pigment may occur (ie: capillary effect), requiring removal of the misplaced permanent makeup pigment. Rarely, there may also be permanent loss of eyebrow hair.

___ I authorize the use of any photos taken of the procedure and/or results of the procedure to be used on social media and/or website sources.

___ I agree to the shape of my eyebrows Kristie Streicher has shown me as an estimation of the final appearance of the Microfeathering®.

___ I understand and read the post-procedure protocol and I agree to follow all instructions given.

___ I am aware that tattoo inks, dyes, and pigments have not been approved by the FDA and that the health consequences of using these products are unknown.

___ I understand that there is a potential to be exposed to blood-borne pathogens, but all efforts are made to keep a safe and sterile environment.

___ I understand that Microfeathering will not be performed if I am pregnant.

Please inform the staff if you are pregnant or believe you may be pregnant.



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CONFIDENTIAL MEDICAL HISTORY -

Have you had Botox/Dysport or any fillers in the last 6 weeks? No ____ Yes ____

Are you currently using, or have you used any products containing Retinoids or or similar ingredients)?
No ____ Yes ____

Do you currently take any medications? No ____ Yes ____

Please list all medications you are taking, including Prescription and over-the-counter:

_____	_____
_____	_____
_____	_____

Are you now, or could you be pregnant? No ____ Yes ____

Are you allergic to Latex? No ____ Yes ____

List all other allergies here (including Antibiotics):

_____	_____
_____	_____
_____	_____

Circle any conditions listed that apply to you:

Diabetes / Epilepsy / Asthma / Fainting / Dizziness / Heart Condition / Herpes / Tuberculosis / Eczema
/Psoriasis /Other Skin Conditions _____/ Keloid former / Bleeding Disorders

List all other medical issues/illnesses not listed above here:

_____	_____
_____	_____
_____	_____

The information I have provided above is complete and true to the best of my knowledge.

Signature: _____ Date: ___/___/_____



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I, _____ (Client/Patient) certify that this Informed Consent, Medical History, and Release Agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge. I also certify that I have been fully informed of the risks of microblading, including, but not limited to: infection, scarring, difficulties in detecting melanoma, allergic reactions to permanent makeup/tattoo pigment, latex gloves, and other possible products used. Having been informed of the potential risks associated with getting semi-permanent/permanent makeup/tattoo, I still wish to proceed with the application and I assume any and all risks that may arise from the procedure. I also certify that I take full responsibility and waive any claims against Kristie Streicher and/or STRIIIKE to the fullest extent permitted by law from all liability whatsoever and for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages which result or arise from the application/ implantation of semi-permanent/permanent makeup pigment for eyebrows, re-coloration, camouflage or otherwise, whether caused in any manner by Kristie Streicher or otherwise.

Client's Signature: _____ Date: ___/___/___

FOR TECHNICIAN USE ONLY -

Client has initialed/signed all areas of this document and I have answered all questions.

_____ (Technician name, sign, and date)

Blade Type, Size Used: _____

Pigment Brand(s), Color(s): _____

Other Notes:



MICROFEATHERING®
STRIIIE CREDIT CARD AUTHORIZATION FORM

Given the length of the appointment needed for Microfeathering® we require a deposit of 50% of the service total. Our cancellation policy requires a 48-hour notice for any changes or cancellations made to any appointment. Any adjustments made on behalf of the client within this 48-hour window will result in the Microfeathering® deposit fee. Rescheduling will require a new deposit. Since the process is intensive and highly customized, we do not allow for clients to “switch out” or fill their own appointment times to forgo the fee.

This card will only be charged with the knowledge of the client listed below; however, the signature at the bottom of this form gives consent if the policy detailed above is compensated. Changes and cancellations are not accepted via phone but must be submitted through email so both parties have an accurate time stamp. Although life does happen, to be fair to everyone, we cannot make any exceptions to this policy.

I understand and agree with the policy above:

Client Name: _____

Client Email Address: _____

Patient/Client Signature*: _____

Date: ___/___/___

CARD INFORMATION -

Card Type: _____

Card Number: _____

Expiration: ___/___/___

Billing Zip Code: _____

**Signature acts as an agreement to all information listed on this page and consent to payment if a violation to the cancellation policy occurs.*



MICROFEATHERING®
STRIIKE AFTER CARE INSTRUCTIONS AND FOLLOW-UP

It is very important to understand that following Microfeathering® some redness, swelling, bruising, and itching is to be expected. If you experience heavy itching, extreme swelling/blistering, shortness of breath, or any other concerning complication, stop using any after-care product immediately. If symptoms persist, please seek professional medical attention immediately, as you may be having an allergic reaction to the pigment and/or the after care product. Microfeathering is a two-step process. There is the initial session followed by one touch-up session, which is included in the cost of the service. The touch-up must be scheduled and completed within 6-8 weeks following the initial microfeathering. Any touch-up services after 8 weeks are not included in the initial cost. Final results cannot be maximized without the touch-up service, which fills in any discoloration caused by the natural healing process.

GENERAL HOME CARE FOR AFTER MICROFEATHERING® -

- **Use a clean cotton swab to apply a THIN layer of Aquaphor every 2-3 hours daily to the procedure area for the first 2 days. Then twice a day for 7 days and SPF 30+ DAILY**
- Do not apply any makeup (ie. concealer, foundation, brow powder, or pencil on or near the procedure area for 48 hours. You may blot for the first few hours with sterile gauze to remove any excess fluids, if necessary.
- Wash am/pm with water and Aftercare soap lathered between fingers first then gently massage on to brows.
- During the healing process, which can take up to 8 weeks, do not itch or pick the procedure area, to minimize the risk of infection. Just tap them to alleviate the itch around the procedure area since pigment may be inadvertently removed.
- It is recommended to stay out of direct, intentional sunlight. If you are in the sun always wear a hat with a visor and use SPF 30+ until the procedure area is completely healed, this will prevent pigment from fading.

DO NOT -

- × Avoid tanning, swimming, steam rooms, saunas, hot tubs, hot yoga, chlorine pools, the ocean, and contact with animals to protect the procedure area. Do not soak the treated area in the bath until fully healed (30 days).
- × Do not use products that contain alpha hydroxy acids (AHAs) or chemical peels until cleared to do so, as these acids will fade the pigment color.



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MICROFEATHERING® HEALING SCHEDULE AND ADDITIONAL CARE -

WEEK 1 -

- **Day 1-2:** The initial color is only 20-40% of what the final color will be. Mild swelling, light bruising, redness, and comfort will subside. Wash am/ pm with distilled water and anti-bacterial soap lathered between fingers first then gently massage onto brows. Use a clean cotton swab to apply a THIN layer of Coconut Butter or Aquaphor 3-5 times daily.
 - **Day 3-7:** The normal healing process will see the outer skin to exfoliate, causing excess pigment to flake away. Before bathing, apply a light coating of Coconut Butter or Aquaphor with a clean cotton swab. Wear a hat to shield the procedure area from the sun until healing is completed. Do not pick at peeling skin or scabbing, despite the anticipated itching that accompanies healing (this is a result of skin contraction with healing). Do not scratch the procedure area either. The color may change a bit with the healing process but is not the final color expected. AM/PM: After washing gently, apply a THIN layer of Coconut Butter or Aquaphor.
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WEEK 2 -

- **Day 8-10:** Skin flaking is still expected. Apply the balm for at least 14 days. The color may appear gray, light, or "spotty," and in some cases may temporarily disappear, only to reappear later after the healing is completed. AM/ PM: After washing gently, apply a THIN layer of Coconut Butter or Aquaphor.
 - **Day 11-14:** The skin will begin to take on its normal characteristics again.
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WEEK 3 -

- Deep skin healing begins. The color begins to reappear, replacing the gray, light, or patchy color. The color and microbladed strokes begin to soften.
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WEEK 4-8 -

- Skin healing reaches the final stages. The color and brush strokes continue to blend and soften.

For all other questions please call STRIIKE at 310.205.2600 or email info@striike.com