

Brow Microblading Before & After Care

Before Care:

- Do not work out the same day as procedure.
- Do not tan or have a sunburn on the face.
- Do not take Aspirin, Niacin, Vitamin E, Fish Oil or Ibuprofen 3 days before procedure. For best results, please consult your Doctor if you currently take blood thinners to see if you're able to stop them 3 days prior through day after service appt.
- No chemical exfoliation treatments 2 weeks prior.
- No alcohol or caffeine night before the procedure.
- No waxing 3 days before the procedure.
- Do not wear contact lenses during or immediately following the last enhancement procedure.

After Care:

- **30-60 days after your first Microblading/Lash Enhancement service; you MUST have a Microblading Touch-Up service.**
- NO creams, makeup or any other products on treated areas for 10 days except the ones instructed to use by technicians.
- Clean treated area with water and mild cleanser followed by topical solution every hour for the first day; 3 times a day for 10 days after that.
- DO NOT rub, pick or scratch the treated area; let any scabbing or dry skin naturally exfoliate off; picking can cause scarring.
- Avoid heavy sweating for the first 10 days.
- Avoid direct sun exposure or tanning for 3-4 weeks after procedure.
- NO chemical treatments and microdermabrasion for 4 weeks.
- NO retinol products for ten days.
- Avoid sleeping on your face for the first 10 days.
- Do not wax/thread/tint at least 10 days after procedure.
- NO facials for ten days.
- When applying makeup, apply at least a 1/2 inch away from treated area and wear light makeup.

What to Expect:

- The treated area will appear darker initially and then will fade to light than expected until fully healed.
- Area could appear red/irritated.
- Peeling/and or scabbing will occur on/around the treated area.
- Treated area could become swollen/puffy.
- Ink loss after initial treatment is normal and expected. Touch ups are imperative in the microblading process.

Please sign and date that you have read and agree to the above information for caring for your microblading/lash enhancement services.

Signature: _____ Date: _____