

BROW & LASH LAMINATION CONSENT FORM

FIRST NAME: LAST NAME

DATE OF BIRTH DOCTOR

EMAIL ADDRESS

PHONE NUMBER ()



You are receiving a Supercilium Brow and Lash treatment!
We always advise performing a patch test at least 48 hours before any treatment.

PLEASE CHECK WHAT APPLIES:

- | | | | | |
|--|-----|-----------------------|----|-----------------------|
| CUTS OR ABRASIONS IN THE TREATMENT AREA | yes | <input type="radio"/> | no | <input type="radio"/> |
| WATERY EYES | yes | <input type="radio"/> | no | <input type="radio"/> |
| INFLAMMATION OR SWELLING | yes | <input type="radio"/> | no | <input type="radio"/> |
| ECZEMA OR PSORIASIS (EYE/BROW AREA) | yes | <input type="radio"/> | no | <input type="radio"/> |
| RECENT SCAR TISSUE | yes | <input type="radio"/> | no | <input type="radio"/> |
| CONJUNCTIVIS/STYES/INFECTION | yes | <input type="radio"/> | no | <input type="radio"/> |
| ALLERGIES | yes | <input type="radio"/> | no | <input type="radio"/> |
| PREGNANT | yes | <input type="radio"/> | no | <input type="radio"/> |
| HAVE YOU HAD YOUR BROWS OR LASH LAMINATED BEFORE? | yes | <input type="radio"/> | no | <input type="radio"/> |
| HAVE YOU EVER HAD ALLERGIC REACTION TO LAMINATION? | yes | <input type="radio"/> | no | <input type="radio"/> |

*please provide further details

If you have answered yes to any of the above questions, the lamination could be restricted or refused. Please contact your doctor.

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*Please note that the a negative patch test does not guarantee you will not have an adverse reaction to the Glaze.

I am aware and understand that receiving a Brow/Lash treatment can, in some cases, cause an allergic reaction.

I understand that results may vary for everyone. Overall skin conditions and aftercare will ultimately affect the retention of the Brow/Lash treatment can, in some cases, cause an allergic reaction.

I understand that a negative skin patch test does not guarantee that a reaction will not occur.

Not only that, but I fully understand that this reaction can occur at any time, even if I have received this service on previous occasions.

Furthermore, I understand that the beauticians' policy to perform a skin patch test 48 hours before any cooler service.

I also understand these risks, and if I have any concerns, I will seek medical help before any colour service.

I understand that that is my responsibility to inform the beutician if there are any reactions.

Further, I grant the beautician to treat my brows/lashes and not hold them responsible for any adverse health reactions from this service.

PATCH TEST AREA:

DATE:

RESULT:

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SIGNATURE:

