



SUPERCILIUM

Brow & Lash Consent Form

First Name:

Last Name

Email Address:

Date of Birth:

Phone Number:

Doctor:

You are receiving a Supercilium Brow/Lash treatment!

We always advise performing a patch test at least 48 hours before any treatment.

Cuts or abrasions in the treatment area	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Watery eyes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Inflammation or swelling	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Eczema or Psoriasis (eye/brow area)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recent scar tissue	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Conjunctivitis/Styes/Infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pregnant	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had your eyelashes or eyebrows laminated before	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had an allergic reaction to lamination	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 for advise.



*Please note that 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 lamination results.

I understand 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 all color services.

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

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

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

Patch test area:

Date:

Result: