

LASH DYE TREATMENT CONSENT FORM

I CERTIFY THIS FORM HAS BEEN FULLY EXPLAINED TO ME AND THAT I HAVE READ IT OR IT HAS BEEN READ TO ME. I UNDERSTAND ITS CONTENTS AND I WILL NOT BE DISBURSED A REFUND DUE TO POOR HENNA RETENTION.



I HAVE AGREED TO THE FOLLOWING:

- Having tint applied to my lashes
- I understand that in the rare occasions there are risks associated with the procedure such as skin irritation and/or discomfort could occur. I agree that if I experience any of these conditions with my brows and skin that I will contact a professional technician for advice and my GP to seek immediate medical attention
- I have disclosed all my medical history/allergies
- I agree to follow the care and maintenance instruction provided to me by my technician, and that if any follow up care is required due to my own mistake or negligence and/or failure to follow these instructions- will be at my own risk
- I have read and completed this form and have answered to the best of my ability

AS EVIDENCE OF MY SIGNATURE BELOW, I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS UPON WHICH SUPERCILIMUM LASH DYE WILL BE PERFORMED

PATCH TEST AREA:

DATE:

RESULT:

.....

SIGNATURE:

