



## LASH AND BROW TINTING

Client and Consent: Lash and Brow Tinting

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you ever had your brows or lashes tinted? Yes No

If you had an adverse reaction to a previous tinting, please explain:

Do you wear contacts? Yes No

List any allergies you may have: \_\_\_\_\_

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of the possible risks below. Please initial:

\_\_\_\_\_ I understand that tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, and blurry vision.

\_\_\_\_\_ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

\_\_\_\_\_ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.

\_\_\_\_\_ I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.

\_\_\_\_\_ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.

\_\_\_\_\_ I understand that over the course of several weeks, the tint will gradually lighten and fade.

Retinting will be required to keep the color fresh. Most clients need to re-tint every 3-4 weeks.

I have read the above information. If I have any concerns, I will address these with my skin care therapist. I give permission to my therapist to perform the tinting procedure we have discussed, and will hold her harmless from any liability that may result from this treatment. I have accurately answered the questions above. I understand my esthetician will take every precaution to minimize or eliminate negative reactions. I agree that this constitutes full disclosure, and I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client: \_\_\_\_\_ Date: \_\_\_\_\_