



Brow Lamination Consent Form

What is brow lamination:

It is a semi-permanent brow treatment performed by a certified professional that allows one to create symmetry, correct hairs that follow a unique or undesirable direction, and give a voluminous, full, or feathered look. It lasts 4-8 weeks depending on the brow hair strength, growth cycles, and individual lifestyle factors.

NOTE: This service is a chemical treatment that is performed on the brows. It is required that you schedule and complete a brow lamination patch test and consultation prior to your appointment, with the same service provider for both services.

What to expect:

- Brows are cleansed to remove any makeup. Please, do not wear brow makeup on the day of service to avoid unnecessary rubbing in the area. Makeup will be removed if you have it on.
- An alkaline chemical solution is applied to the brow hairs and allowed to activate. This reduces the disulfide cross-linking bonds found present within a brow hair. The brow hairs are fixed in place and the bonds are reformed into their newly created shape and style.
- Your brows are then tinted and shaped (via waxing and/or tweezing) to enhance the look.
- Eyebrows are not to have makeup applied to them, get wet, or be pushed on/slept on for 48 hours after the service. It may negate the service and/or crimp the brow hairs in undesired angles.

The following is required to perform the brow lamination service:

- Must be 16+ years in age to receive service (those 17 years & younger require a legal guardian's signature, and the legal guardian must be on site for the duration of the service).
- Must have received a patch test prior to the service without any adverse reactions.

If any of the below apply to you, we unfortunately cannot perform the brow lamination service:

- Previous reaction experienced to the same or similar service in the past.
- Skin conditions such as: eczema, dermatitis, psoriasis, lesions, sores, or open wounds.
- Contagious skin diseases (such as herpes simplex, chicken pox, or shingles)
- Skin trauma, cuts, abrasions, burns, and swelling in the immediate area.
- Infections such as impetigo or conjunctivitis.
- Currently undergoing chemotherapy treatment or underwent chemotherapy treatment less than 1 year before today's date.
- Weak or damaged brow hair from over styling or product use-at the therapist's discretion.
- Recent operations around eyes, head, or face and presence of scar tissue in immediate area.
- Hypersensitive skin/eyes.

- Alopecia (loss of hair).
- Trichotillomania (classified as an impulse control disorder and is the compulsive urge to pull out one's own hair).
- Some anti-acne medications such as Accutane, doxycycline, and Epiduo gel, or their derivatives within the last 12 months.
- Anti-aging creams or medications such as vitamin A, retinols, or other anti-aging products.
- Topical chemotherapy creams such as Effudex
- Brow growth serums within 48 hours prior to the brow lamination service.
- Brow Henna performed within 48 hours prior to appointment.
- Pregnancy or lactation.
- Any disease/disorder that causes shaking, twitching or erratic movements.
- Chemical peel, HydraFacial, dermaplaning, etc. performed 1 week prior to service.
- Use of neurotoxins, facial fillers, injectables, and/or laser treatments within 2 weeks prior to brow lamination service.
- Microblading/Shading: Those undergoing microblading/shading sessions cannot have brow lamination within 2 weeks before starting their microblading/shading sessions. You must wait six weeks after their final touch up session before receiving a brow lamination.

I acknowledge the following:

- I am 18+ years of age. If under 18 years, I will have my legal guardian who will remain on-site for the duration of the service, as well as provide signed consent below.
- I will avoid using brow growth serums, retinols, AHA's, BHA's, Vitamin A, steroid creams, or skin thinning treatments after the service for at least 48 hours.
- Photos may be taken before, during, and after the brow lamination service. Photos may be used for education, promotion, or advertising purposes.
- The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the brow lamination service by the staff.
- By signing below, I acknowledge that I have read the above information and give my consent to receive the brow lamination service.

Name
(printed): _____ **Signature:** _____ **Date:** _____

Legal Guardian (If required):

Name (printed): _____ **Signature:** _____ **Date:** _____

Provider:

Signature: _____ **Date:** _____

