



Brow/Lash Tint Consent Form

Do you use Retin-A, Renova, or Retinol/vitamin A derivative products?

Yes No

Have you used any alpha-hydroxy acid or glycolic acid products in the last 48 hours?

Yes No

Are you currently taking Accutane, or have you taken it in the past?

Yes No How long ago? _____

Have you used other acne medication? Yes No If yes, which one? _____

_____.

Are you exposed to the sun on a daily basis or do you use a tanning bed? Yes No

Please notify your Aesthetician of any allergies prior to your service/procedure.

I agree to have tint applied to my eyelashes/eyebrows. By signing this agreement, I consent to the tint procedure by my aesthetician.

I understand there are risks associated with an eyebrow or eyelash tint. I further understand that as part of the procedure, eye/skin irritation, eye/skin pain, eye/skin itching, discomfort, and in rare cases infection or blurriness could occur. I agree that if I experience any of these medical conditions with my eyes, lashes, or skin that I will contact my aesthetician and consult a physician.

I understand that even though my aesthetician tints using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and solutions used may irritate my eyes and/or skin and may require a physician's follow-up care.

I have read and fully understand all the information in this agreement.

I am over 18 years of age and consent to the agreement and to the treatment.

By signing below, I acknowledge that I have read and understand the above statements and agree to them.

Patient Name

Signature

Date