



Lash and Brow Tinting Form

Client Name: _____

Allergies: _____

Are you wearing contacts? Yes / No

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

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

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 or irritation to the eye and may cause stinging or burning should the tint enter into the eye. (Our dye is vegetable based and does not cause any permanent damage to the eye.)

_____ 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. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 4-6 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 I will hold him/her and Essentials of New Tampa 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 as much as possible. I agree that this constitutes full disclosure, and that it supersedes and previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks.

Client Name (Printed) _____

Client Signature _____ Date: _____

Esthetician _____ Date: _____