



BROW LAMINATION STATEMENT OF CONSENT & RECITALS

Please read all statements thoroughly before initialing

____ I consent to have my natural eyebrows laminated / tinted.

____ I acknowledge that laminating and tinting procedures can involve inherent risks such as experiencing Blepharitis (inflammation of the eyelids), allergic reaction to processing cream or a slight irritation for 24 hours on surrounding skin.

____ I understand that this procedure will fade over time. The lamination from the processing can last up to 8 weeks. The tinting will gradually fade over 3 weeks.

____ I understand this is an elective cosmetic procedure and is not medically necessary.

____ I give my consent to *Prodigo technician* to confer with my physician for medical information required for the safety of my procedures.

____ If an infection occurs after I have received a brow lamination procedure, I will seek medical attention from my primary physician or emergency room, ***immediately***, and contact the technician as well.

____ I understand to not get the eyebrows wet for 24 hours in order for the lamination to be effective.

____ I understand to use oil based makeup removers in order to condition the eyebrows.

Please read all statements thoroughly before signing

I have read and understand all risks involved for my perming/ tinting eyelash procedure. I have been given an opportunity to ask questions regarding these risks. And, all my questions have been answered. I certify that the information I have been asked for is accurate.

Print _____

Sign _____

Email _____

Date ___ / ___ / ___