



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. I certify that the information I have been asked for is accurate.

Print _____

Sign _____

Email _____

Date ____ / ____ / ____