

Client Consent: Lash Tinting



Name: _____

Phone: _____ Email Address: _____

Have you ever used hair color before? **Yes No**

Have you ever had an allergic reaction to hair color? **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: _____

Do you wear contacts? **Yes No** Do you agree to remove your contacts before tinting? **Yes No**

List any allergies: _____

List any OTC or Rx skin care products you are currently using? _____

Do you have any autoimmune disease? **Yes No** (If yes, describe) _____

List any medications you are taking: _____

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 of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye.

____ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with saline and medical attention may be required.

____ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.

____ I understand that there may be some residual dark staining left on the skin following the tinting process of 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 3-5 weeks.

I have read the above information. If I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the tinting procedure we have discussed, and will hold him/her, Pure Aesthetica, and staff harmless from any liability that may result from the treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the esthetician immediately. I agree this constitutes full disclosure, and that it supersedes any 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. I do not hold Pure Aesthetica and/or the esthetician responsible for any of my conditions that were present, but not disclosed at the time of the procedure, which may be affected by the treatment performed. I agree this dated consent is valid for future tinting treatments.

Client Name (Printed) _____

Client Name (Signature) _____

Date: _____