



BEVERLY  
LASER & SALON

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# BEAUTIFUL BROWS

Name	
Address	
Zipcode	
Telephone	
DOB	
Email	
Health Care Provider	

Tick if you have ever suffered from any of the following:

Eczema                                      Psoriasis                                      Haemophilia

Sunburn                                      Conjunctivitis                                      Stye

Skin cancer                                      Recent scar tissue                                      Moles

Cold sore                                      Diabetes                                      Allergies

Un-controlled epilepsy                                      Blood/circulatory disorder

Blood borne viruses                                      Contact lenses must be removed

If you have inflammation, swelling, cuts or abrasions in the treatment area the treatment cannot be done.

Are you pregnant or breast feeding    Yes            No

Are you taking any medication which could affect the treatment (blood thinners, Roaccutane etc?) Yes/ No

Additional information .....

I understand the patch test does not guarantee that an allergic reaction will not occur.

Tint patch test area: \_\_\_\_\_ DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_

Date	
Tint colour	
Tint timing	
Shape	
Therapist	

Date	
Tint colour	
Tint timing	
Shape	
Therapist	

Clients feedback: ..... Clients feedback: .....

Clients signature: ..... Date: ..... Clients signature: ..... Date: .....

I understand that tinting has some inherent risk of irritation to the eye area, including the eye itself and could result in stinging or burning, blurry vision and potentially blindness should the product enter the eye. I understand that if the products accidentally meet my eye, my eye will be flushed with water and medical attention may be required.

I understand that there may be residual staining left on the skin after the tinting process. This will fade and go away within a short time.

I understand there may be swelling or irritation in waxed area and that this may only be a temporary condition.

I understand that, while every attempt will be made to provide me with my chosen colour, everyone's hair absorbs colour differently and results may not be the colour I initially wanted.

I confirm that I give my consent to carry out the Beautiful Brows treatment we have discussed.

The information given is correct and to the best of my knowledge. I will follow the verbal and written aftercare advice given to me.

Clients signature: ..... Date: .....