

Consent for brow procedures

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Client's full name

Date

Procedure

Brow tinting, lamination and shaping can cause irritation, redness, itching or an allergic reaction to the product.

Tell your master at once if you feel discomfort. Follow the aftercare advice.

1. Have you had permanent makeup or microblading on your brows?

☐ Yes ☐ No

When and where? _____

Health

Your answers help choose a safe procedure. They are kept only in your master's records.

1. Do you have any allergies (cosmetics, glue, dye, latex, medication)?

☐ Yes ☐ No

Which allergies? _____

2. Did you ever react to similar procedures?

☐ Yes ☐ No

What was the reaction? _____

3. Are you pregnant or breastfeeding?

☐ Yes ☐ No

4. Is there any acute inflammation, wound or irritation in the treated area?

☐ Yes ☐ No

What exactly? _____

5. Which medication do you take regularly? (optional)

Risks and aftercare

☐ I have been told about the possible risks and the aftercare, and my questions were answered.

2. May the result be photographed?

☐ No photos

☐ Yes, for my master's records only

☐ Yes, and for posting without my face

I confirm that I answered truthfully, I understand the risks and the aftercare rules, and I agree to the procedure.

Client's signature

Date

Practitioner