



Brow Lamination Consent

Name: _____ Birthday: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Email: _____

Known Allergies: _____

Brow Lamination is a semi-permanent procedure that tames unruly hairs for a symmetrical, fluffy look that lasts four to six weeks.

I understand:

- Brow Lamination is a process of reconstructing the brow hairs to keep them in a desired shape and it is my own responsibility to brush them to achieve the desired look daily.
- After the Brow Lamination process, **brows must stay dry for 24 hours.**
- Some redness of the skin or mild sensitivity is normal but does not typically last more than a few hours.
- Despite the use of the most high-quality ingredients, an allergic reaction is possible.
- It is my responsibility to advise the esthetician of any concerns I may have prior to the Brow Lamination procedure.
- The minimum or maximum duration of the Brow Lamination cannot be determined with certainty.
- Blissful Beauty Bar and the technician performing the Brow Lamination will not be held liable for any damage caused to me or my eyebrows for any reason, including allergic reaction, skin sensitivity, or any damage caused to previous procedures such as prior henna/tint on the brow.

Brow Lamination is NOT recommended if any of the following apply to you

- | | |
|--|--|
| <input type="checkbox"/> Psoriasis/severe eczema | <input type="checkbox"/> Blood Thinners |
| <input type="checkbox"/> Recent Eye Surgery | <input type="checkbox"/> Pink Eye |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Scar Tissue in the Treatment Area |
| <input type="checkbox"/> Recent Microblading (must be healed over 8 weeks) | <input type="checkbox"/> Pregnant/Breastfeeding |
| <input type="checkbox"/> Sunburn | <input type="checkbox"/> Retinol, Accutane, AHA, BHA, etc. |
| <input type="checkbox"/> Super Sensitive Skin | <input type="checkbox"/> Current or Recent Chemotherapy Treatments (Doctor's approval required in either case) |

I give permission to Blissful Beauty Bar to perform a Brow Lamination. I have accurately answered the questions above, and understand the risks associated with receiving the treatment. I agree that 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 and will not hold liable Blissful Beauty Bar or the esthetician.

Client Signature: _____ Date: _____