Andrea Glows Eyebrow Lamination Consent Form

First Name:			Last Name:				
Phone:		E-mail:					
Address:	& Province:	Postal	Postal Code:				
How did you hear about us? (if referred by someone please print their nam	e)						
Do you give permission to Andrea Glows to Would you like us to keep you posted about	o take a			Yes Yes	N	o No	
PLEASE INITIAL							
I agree to have a Brow Lamination Prony technician. I understand that it is NOT the re							on by
I DO NOT wish/I DO wish (please mark	k) to hav	∕e a Pat	ch Test 48 hours before Brow Lamii	nation procedure	е.		
I accept full responsibility for determinength, color and shape). I understand that there are no guarantees for length of time the brows of the color of the colo	are ma	ny facto					
I understand Brow Lamination is a pro	cess of	lifting a	and straightening the brow hairs to k	teep them in a d	esired sh	ape.	
I agree that if I experience any medical own expense.	l conditi	ions wit	h my brows that I will contact my to	echnician and co	onsult a	physicia	n at 1
I understand and consent to laying dov	vn/sittin	g up for	the duration of the 60–75-minute p	procedure.			
AFTERCARE INSTRUCTIONS:							
procedure.	s for at l ha-hydr	east 4 h					
I have read and understand the after his agreement will remain in effect for the p				ble for general	care of	my bro	ws a
Consultation Information. Please indicate the fo					1		
Allowedon	Yes	No	Tildana aanaidina alain		Yes	No	
Allergies Pregnancy and breastfeeding			Ultra-sensitive skin Do you use retinol, Accutane, AH	IA DITA			
Pregnancy and breastreeding Psoriasis/eczema			Do you take blood thinners	А, ВНА			
Alopecia			Eye infection cyst/sty				
Recent micropigmentation			Do you use tanning beds				
Recent brow tint							
Recent brow tint Recent henna brow			Skin or eyelid infection/disorder Rosacea				
			Hormone imbalances				
Sunburn			Hormone imparances				
f the answer is yes to any of the consultation q	uestions	s, please	provide details				
I am over 18 years of age and consent to the ag	reement	and to	treatment.				
Signature:			Date:				