



## Brow Extensions Informed Consent

**Although every precaution will be taken to ensure your safety and well-being before, during and after your brow extension application, please be aware of the following information and possible risks. Please initial:**

I understand that a full set of brow extensions can make the appearance of my own brows about 30-50% thicker.

I understand that brow extension services have some inherent risk of irritation to the orbital eye area, specifically to the skin, but including the eye itself, and could result in stinging and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.

I understand that some irritation, itching or burning may occur on the skin where the bonding agent comes into contact with it.

I understand that if the bonding agent or fumes comes into contact with my eye, my eye will be flushed with water and I will be assisted in seeking medical attention immediately.

I understand that this is a semi-permanent procedure and that my natural brows will continue to grow normally. Due to the nature of the "build" process "touch ups" and "infills" are not possible. To maintain the original look achieved I would need to schedule follow-up appointment. Depending upon the care taken of the brow extensions, most clients require an appointment every 4-6 weeks.

I understand that while every attempt will be made to provide me with the fullness I have chosen, my final result may not be what I initially envisioned.

I understand that it is imperative that I disclose all of the information requested in the Client Profile/Health History.

I have cited all conditions and circumstances regarding my health history, procedures, medications being taken, and any past reactions to products or medications.

I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes.

I understand that if I have any concerns, I will address these with my brow extension specialist. I give permission to my brow extension specialist to perform the brow extension procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this 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 brow extension specialist 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 brow extension specialist immediately. 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. I do not hold the brow extension specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Client Name (Printed) \_\_\_\_\_

Client Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Brow extension specialist \_\_\_\_\_