

LASH & BROW TINTING

I _____ authorize ROSA MYERS, Licensed Aesthetician at POREFECTION to tint the selected areas:

Lashes

Brows

INITIAL

_____ I am NOT wearing contacts.

_____ I understand that *INTENSIVE LASH/BROW TINT* is safe for the eye area.

_____ I understand that some of the tint may get into eyes and cause mild irritation.

_____ I understand that some of the tint may adhere to the skin but will wash off.

_____ I understand that the tint will last 3-4 weeks, then need to be retinted.

_____ I understand that there are no special care instructions for this treatment.

_____ I understand the potential risks and choose to proceed after careful consideration of the possibility of both known and unknown risks, and complications.

Client's signature _____ Date _____

Rosa Myers signature _____ Date _____