



Brow Lamination Consent Form:

Name: _____

Telephone: _____

Email: _____

D.O.B: _____

Although every precaution will be taken to ensure my safety and wellbeing before, during and after the brow lamination process, I am aware of the following information and possible risks.

Please Initial:

_____ I understand that during the treatment, despite all precautionary measures, injury is possible I will not hold the technician or business performing this service on me responsible in any way for any damages or issues that may arise, as a result of, having the brow lamination procedure performed on me.

_____ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the lamination agent.

_____ I understand that an allergic reaction is possible.

_____ I understand that it is imperative that I disclose all the information requested on the Client Intake Form.

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

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

_____ I agree that if I experience any ill effects with brows that I will contact the technician that performed this procedure.

_____ I understand that brow lamination is the process of restructuring the brow hairs to keep them in a desired shape, but it is my responsibility to brush my brows daily to maintain the desired look.

_____ I understand that I need to keep my eyebrows dry for 48 hours after the brow lamination process.

_____ I understand that brow lamination is not recommended for people with following, and I hereby certify that none of the below apply to me:

- * Alopecia
- * Conjunctivitis
- * Eczema
- * Pregnant/Breastfeeding
- * Psoriasis
- * Sunburn
- * Currently taking blood thinners, brow growth serum, retinol, Accutane, or AHAs or BHA
- * Recent Eye Surgery
- * Recent Microblading
- * Retinol
- * Sensitive Skin
- * Scar Tissue in treatment area

This agreement will remain in effect for this procedure and all future follow-ups conducted by Beautif-EYE Studios North LLC. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to brow lamination procedure. I confirm and agree that I wish to engage the services of Beautif-EYE Studios North, LLC and said Beautif-EYE, LLC employees to apply Brow Lamination. I confirm and agree the above information and terms.

Printed Name: _____

Signature: _____

Date: _____

Beautif-EYE, LLC. Lamination, Lash Perm, Micro-Blading & Threading Cancellation Policy

STRICT AND ENFORCED 24 HOUR CANCELLATION POLICY!

Your appointments are very important to the entire Beautif-EYE staff, and it is reserved especially for you. We understand that sometimes schedule adjustments are necessary; therefore, we respectfully request at least 24-hour notice for all cancellations/reschedule request. We will send a confirmation text reminder 24hrs in advance, so if you do need to cancel your appointment for any reason you are able to respond to that message or call the studio directly.

❖ Cancellation Policy for Lamination & Lash Lifts services:

- “Day of” Appointment or less than 24-hour notice will be charged 50% of service.
- “NO SHOWS” will be charged 100% of the reserved service amount.

❖ Cancellation Policy for MicroBlading: Less than 24-hour notice, deposit is forfeited 100%

❖ Cancellation Policy for all Threading & Tinting Services:

- “NO-SHOWS” will be charged 100% of scheduled service.
- Any appt 4 min late or more, without notifying store, will be automatically cancelled, and charged 100% of scheduled service.

Beautif-EYE’s cancellation policy allows us time to inform our standby guest of any availability, as well as keeping our Beautif-EYE team members schedule filled, thus better serving everyone. Beautif-EYE policies are presented and provided in the best quality and tradition of excellent servicing for our established and future clientele. Thank you for viewing and supporting our policy criteria.

CONFIRMATION CALLS & TEXT MESSAGES:

As a courtesy, we will text, email or call to confirm your service appointment the business day prior to your appointment date. Please understand that it is your responsibility to remember your appointment dates and times to avoid late arrivals or missed appointments which would result in the cancelation fees.

Printed Name: _____

Signature: _____ Date: _____