

# BROW LIFT CLIENT CONSENT FORM

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

\_\_\_\_\_ I understand that the brow lift service may have some inherent risk of irritation to the brow area, including redness of the skin should the lifting and neutralizing solutions make skin contact or should an allergic reaction occur.

\_\_\_\_\_ I understand that some irritation, itching or burning may occur on the skin if the lifting and neutralizing solutions come into contact with it. I also agree and understand that my appointment does not include any type of shaping or grooming of the brows such as tweezing, waxing, or threading.

\_\_\_\_\_ I understand that although the results is shown to last anywhere from 6-8 weeks, it will be different with each individual as not everyone's hair growth and natural hair shedding cycle is the same.

\_\_\_\_\_ I understand while every attempt will be made to provide me with an effective brow lift, my final result may not be what I initially envisioned. I understand that my brows are unique and my results will not be the same as others.

\_\_\_\_\_ I understand and agree to the care instructions provided by Enipra Beauty for the aftercare of my lifted brows. I realize and accept the consequences of failure to adhere to these instructions may cause the brows to become curly and dry because I will have stopped the neutralizing process of my brow lift.

\_\_\_\_\_ I understand and agree that NO WATER CAN COME IN CONTACT WITH THE BROWS AND BROW AREA FOR 24 HOURS AFTER APPLICATION. I also understand and agree that I cannot touch my brows for 24 hours following the brow lift treatment. I agree to sleeping on my back to avoid changing the set shape of my brows. I also agree that I cannot apply any Retin-A, AHA, or facial exfoliants/scrubs for 72 hours after treatment.

\_\_\_\_\_ I understand that it is imperative that I disclose all of the information regarding all allergies, skin conditions, and health concerns to Enipra Beauty,

\_\_\_\_\_ I have cited all conditions and circumstances regarding my health history, medication being taken and any past reactions or allergies

\_\_\_\_\_ I understand that I will disclose to my lamination specialist if I have had my eyebrows dyed or tinted prior to my appointment.

\_\_\_\_\_ I will disclose to Enipra Beauty if I have had any recent skin treatments such as any/all skin peels, microdermabrasion, and filler or botox injections. I will also notify Enipra Beauty if I use glycolic based skin care.

\_\_\_\_\_ I understand that I am responsible in notifying my brow lift specialist if I am pregnant or nursing. I understand that if I am pregnant or nursing, I am required to provide Enipra Beauty with a doctor's consent form to receive the treatment. I agree that without the required documentation, I cannot receive this treatment.

\_\_\_\_\_ I understand that additional conditions could occur to 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 and potential promotional/advertising purposes.

\_\_\_\_\_ This agreement will remain in effect for this procedure and all future procedures conducted by Enipra Beauty. 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 proceed. If I am under 18 years of age, my parent/guardian agrees to the above terms.

I understand that if I have any concerns, I will address these with my brow technician. I give permission to Enipra Beauty and its brow lift specialist, to perform the brow lift procedure we have discussed, and will hold her 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 Enipra Beauty and my technician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concern regarding my treatment, I will consult Enipra Beauty immediately. I agree that this constitutes full disclosure, and that it will supersede 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 Enipra Beauty responsible for any of my conditions that were present, but not disclosed at the time of procedure, which may be affected by the treatment performed today.

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

Client Signature: \_\_\_\_\_

Allergies/Medication/Medical History: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_