

INFORMED CONSENT

HENNA BROWS IMPERIUM HENNA

FULL NAME CLIENT _____

ADRESS _____

ZIP CODE _____

CITY _____

STATE _____

COUNTRY _____

DATE OF BIRTH _____

ALLERGY:

- DO NOT USE IMPERIUM HENNA IF YOUR CLIENT HAS ALOPECIA (EXTREME HAIR LOSS).
- IF YOUR CLIENT IS HYPERSENSITIVE TO HENNA.
- IF YOUR CLIENT IS ALLERGIC TO HAIR DYE (PPD)

SKIN CONDITION _____

ALLERGIES _____

PPD ALLERGIE _____

COSMETIC SURGERY AROUND THE EYEBROWS _____

I here by declare that I am informed by the specialist about henna brows, also about any allergies!

Informed consent signed in _____ on _____ 2019

SIGNED CLIENT

SIGNED BROW QUEEN
