

Aesthetics & IV Nutritional Therapy  
Kurt A. Bailey DC, ND, NP-C  
Kasey Landrus RN

Integrative Health & Wellness  
3510 12<sup>th</sup> Street, 200  
Lewiston, ID 83501



208.799.3333 Phn

208.799.3375 Fx

---

## TINTING CONSENT

I agree to have an eyelash/ brow tint applied to my natural eyelashes and/or brows. By signing this agreement, I consent to the procedure of an eyelash tint and/ or brow tint by Integrative Health. Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of the possible risks below.

\_\_\_\_\_ I understand there are risks associated with having an eyelash/ brow tint. I further, understand that as part of the procedure, eye irritation, eye pain, stinging, burning, eye itching, discomfort, and in rare cases; infection or potential blindness may occur if tint enters the eye.

\_\_\_\_\_ I understand that even though Integrative Health tints the lashes/ brows using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes. I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.

\_\_\_\_\_ I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.

\_\_\_\_\_ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted. Tinting will not thicken, lengthen or add additional hair but only tint present hair.

\_\_\_\_\_ I understand that over the course of several weeks, the tint will gradually lighten and fade. Retinting will be required to keep the new color fresh. Recommended time between tints is 3-4 weeks.

\_\_\_\_\_ I have read the above information. If I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the tinting procedure we

have discussed, and by signing below, I release Integrative Health and/or skin care professional from liability and assume full responsibility thereof.

\_\_\_\_\_ 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 esthetician 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 esthetician immediately.

\_\_\_\_\_ I agree 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 esthetician, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

This agreement will remain in effect for this procedure and all future procedures conducted by Integrative Health.

**Cancellation Policy:** I understand that all payment for services to Integrative Health are non-refundable and all sales are final.

By my signature below, I certify that I have read and fully understand the contents of this consent form. I was given the opportunity to ask any questions or clarification I might have prior to signing this consent and thereby grant permission to perform this procedure on me.

---

Signature – Patient

Print Name

Date