

Business name _____

Lash Tint Consent

Dye allergies can be serious, and because this is applied so close to the eye, a reaction here can affect the eye itself, not just the skin. A patch test at least 24–48 hours beforehand is the only reliable way to check, which is what the question below is confirming.

Full name _____

Date of birth _____

Home address _____

Have you had a patch test for this tint within the last 6 months, with no reaction? ☐ Yes ☐ No

Any known allergy to hair dye or tint (including PPD)? ☐ Yes ☐ No

Any eye conditions, recent eye surgery, or do you wear contact lenses? ☐ Yes ☐ No

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____

Patch test record (for the salon)

Date of the test _____

Product and batch number _____

Where it was applied _____

Result when checked _____

Tested by _____