

Keratin Treatment Consent Form

CLIENT NAME _____

STYLIST NAME _____

I have received a hair analysis and consultation with a curl and Keratin Treatment specialist.

I have provided all information regarding previous treatments to my curl and/ or color _____

My stylist has explained to me the process s/ he recommends for my hair type, texture, condition and desired results. _____

I have been given aftercare instructions and product recommendations to best care for, preserve and prolong my treatment results _____

I am not pregnant or nursing _____

Asthma/ Allergies:

I understand that keratin smoothing Treatments are semi-permanent curl antifreeze; which greatly reduce frizz, bulk and curl.

Results vary and I have been advised as to the results I personally can expect from this treatment and how to maintain it.

Keratin smoothing treatments can produce fumes which may cause irritations in some sensitive individuals.

My treatment does NOT contain Formaldehyde, but does contain (stylist circle):

Phenoxyethanol Ether soy-corn biopolymer vegan animal & plant base

Other:

The service will be performed in a ventilated area and I have been offered the option of a towel or shield for my eyes and face should they become sensitive.

I have read and understand all the information that
as HAIR HOLISTIC ,Provide me before my service _____

Client signature: _____ Date: _____

Stylist signature: _____ Date: _____