

CONSULTATION FORM

Name : _____ Date : _____

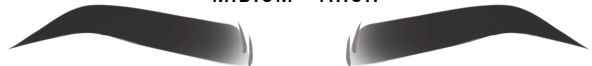
Please choose the shape, thickness, and shade of your eyebrow tattoo from the options below. By signing this form you are stating that you've fully disclosed your desired style.

REFERENCE BROW SHAPES

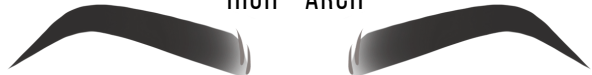
STRAIGHT



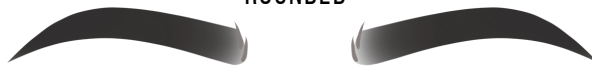
MIDIUM - ARCH



HIGH - ARCH



ROUNDED



S - SHAPED



SELECTED BROW SHAPE:

- STRAIGHT
- HIGH ARCH
- S - SHAPED
- MEDIUM ARCH
- ROUNDED

SELECTED SHADE:

- LIGHT
- DARK
- MEDIUM
- VERY DARK

SELECTED THICKNESS:

- THIN
- THICK
- MEDIUM
- VERY THICK

ADDITIONAL NOTES:

I, _____, accept the responsibility to decide, and explain, my desired colors, thickness, and shade for any procedures performed as agreed upon during consultation. I agree that the information on this form is true and accurate.

Signature _____