

BELLA VIA SKIN AND BODY THERAPIES – MAKEUP/TINT INTAKE FORM

Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Occupation: _____

(Your email address will be used for appointment confirmations, quarterly newsletters, and to alert you of specials and promotions.)

How were you originally referred to Bella Via? (Please circle and add note if applicable.)

Dr. Colville Dr. Zavell Website Friend: _____ Other: _____

Have you ever used or do you currently use mineral-based cosmetics? _____

What is the main reason for your appointment today? _____

Do you have any allergies to peanut oil, lanolin, or sunflower oil? Yes No

Do you wear prescription or cosmetic contact lenses? Yes No (If yes, you must remove them prior to lash tinting.)

I consent to having “Before” and “After” photographs of said procedure(s) for the purpose of documentation in my file. These photographs **may** _____ or **may not** _____ (please initial one) be used anonymously on our website or in our brochure for advertising purposes.

By my signature, I authorize Bella Via Skin and Body Therapies to apply lash tinting to a minor under the age of 18.

Signature: _____ Date: _____



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Aesthetic Surgeons, Inc.
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