

## Reaction Report and Questionnaire

In the case of an unlikely allergic reaction or other reaction from an IMAGE product or peel, please answer the following questions fully and return this form to IMAGE Skincare .

Date of	of Complaint:				
Name	f Spa/Salon or Doctor's office:				
Name (	of Therapist:				
DETAIL	S OF PRODUCT REACTION:				
Please	describe in detail the nature of the reaction in the space below.				
D. 5.465					
PLEASE	ANSWER THE FOLLOWING QUESTIONS:				
PLEASE					
	Name of product(s) used:				
1)	Name of product(s) used:				
1) 2)	Name of product(s) used:				
1) 2) 3)	Name of product(s) used:  Lot number and Expiry date:  Was the Client Questionnaire filled out completely before treatment?  Was a full skin consultation performed prior to treatment?				
1) 2) 3) 4)	Name of product(s) used:  Lot number and Expiry date:  Was the Client Questionnaire filled out completely before treatment?  Was a full skin consultation performed prior to treatment?  Did the client indicate any known allergies?				
1) 2) 3) 4) 5)	Name of product(s) used:				
1) 2) 3) 4) 5) 6)	Name of product(s) used:				
1) 2) 3) 4) 5) 6) 7) 8)	Name of product(s) used:				
1) 2) 3) 4) 5) 6) 7)	Name of product(s) used:				
1) 2) 3) 4) 5) 6) 7) 8)	Name of product(s) used:				

t Signature/Date:	RECOMMENDATIONS MADE FOR RESOLUTION:  (Please note dates of conversations, homecare, post-treatment, clients actions such as hobbies,								
pist Signature/Date:	Sigr	nature/Date:							
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