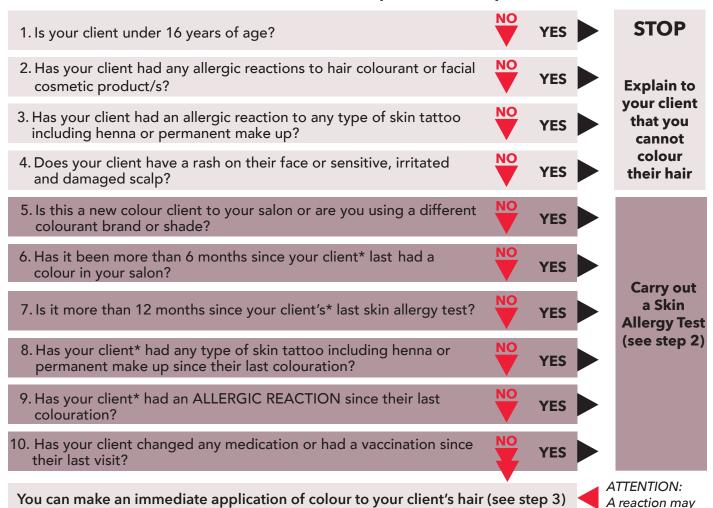
STEP 1: PROFESSIONAL CONSULTATION, WARNINGS, SAFETY EVALUTION



* Client followed with record card (for the content of the client record card see the 'QUESTIONS AND ANSWERS' pages)

STEP 2: HOW TO CARRY OUT AN ALLERGY

TEST (48 hours prior application)

- 1. Mix chosen Couture Silk Colour + chosen LH Developer (1:1.5/1:2)
- 2. Apply the colour to dry skin test area behind the ear
- 3. Leave the colour uncovered for 45 minutes
- 4. Rinse and pat dry
- 5. Review the skin in 48 hours and take note of any reaction during this period
- 6. If an adverse reaction occurs during this time cease use and seek immediate medical advice

If after 48 hours the Allergy Test remains negative, you can proceed to apply the colour (see step 3)

STEP 3: HOW TO CARRY OUT A COLOUR APPLICATION

- 1. Read instructions and colour safety guidelines before use
- 2. Wear suitable disposable gloves during the preparation, application and rinsing of the product
- 3. Rinse hair well after development time

Use only with Leyton House Professional colourants. Use only the proportions/ratios indicated.

WARNINGS

- For professional use only
- Colour products are not intended for use on persons under 16 years of age

still occur

- Do not use to dye eyelashes, eyebrows, beard or moustache or for any purpose other than colouring hair
- Do not use if the hair has been coloured with henna or with a progressive colour
- Keep out of reach of children
- Avoid contact with eyes. Rinse eyes immediately if product comes into contact with them. If wearing contact lenses, remove them before rinsing the eyes
- In case of a reaction during the application, such as intense stinging, a rash or a burning sensation on the scalp, rinse immediately with lukewarm water. In case of shortness of breath seek immediate medical attention. Before colouring hair again, recommend that your client consult a doctor
- Do not exceed processing time

Tel:

Email:

LEYTON HOUSE

Client's Name:

| | | |
|--------------------------------------|------|------|------|------|------|------|------|------|------|------|--|
| Client Signature | | | | | | | | | | | |
| Stylist/Technicians Name | | | | | | | | | | | |
| Comments (scalp + skin condition) | | | | | | | | | | | |
| Product Used (Colour + Developer) | | | | | | | | | | | |
| Results of Allergy Test | | | | | | | | | | | |
| Date of Allergy Test Results | | | | | | | | | | | |
| Date of Allergy Test | | | | | | | | | | | |