



SENSITIVITY DECLARATION FORM

Fax to 413-644-9105

Name of the Account _____ Tel # _____

Name of Customer who is claiming sensitivity _____

Address _____

Tel # _____ Fax # _____ e-mail _____

What is the product that is thought to have created the sensitivity?

What is the batch # on bottom label?

When was the first time it was used?

How many times was it used?

Was it used in conjunction with other products?

What were they?

Did you try using the above product alone?

Did you stop using the product when the sensitivity occurred?

Describe the sensitivity

How long did it last?

Did you see a doctor?

Name

Tel #

What did he/she recommend?

Is the sensitivity still apparent?

Have you reacted to other cosmetic products?

Do you have known sensitivities to cosmetic ingredients?

If so, what are they?

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