



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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