

SAINT MINERALS®

Product Fault / Reaction Form

To be Completed by the Customer

Clinic / Salon Information:

Name: _____ State: _____ Email: _____

Client Information:

Full Name: _____ Tel: _____ DOB: _____

Email: _____

Product Information:

Product (s) Name: _____

Date of Purchase: _____ Therapist: _____

Describe how product (s) were used?

What other product (s) were used at this time?

How were the product (s) layered?

How long after using the product (s), treatments did the allergy / reaction occur?

Have you experienced any skin reactions in the past? If so, please provide details.

Product Name and Fault: _____

Would you like to be credited / or receive a product replacement?

Credited ☐ Replacement ☐

Signature: _____ Date: _____