



# Lash Extension Client Consent Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please read and answered the following questions accurately and to the best of your knowledge.

How did you hear about us? \_\_\_\_\_

Have you ever had eyelash extensions applied? Yes / No

If yes, why did you decide to remove them? \_\_\_\_\_

Eyelash extensions require medical tape and adhesives that may contain acrylic or latex and I am NOT allergic. Y/ N

Do you have any known allergies? Yes/ No

Do you have frequent eye irritation, itching, or watering eyes? Yes / No

Have you had eye surgery in or around your eyes in the last six months? Yes / No

Do you wear contact lenses? Yes / No

Please circle any of the following that might apply to you:

- |                                    |                             |
|------------------------------------|-----------------------------|
| Eating Disorders or Poor Nutrition | Dry Eyes                    |
| Recent Childbirth (120 days)       | Hypersensitivity            |
| Chemotherapy                       | Thyroid Disease             |
| Extreme Stress                     | Hormonal Imbalance          |
| Allergies                          | Eye Infection or Conditions |

The following drugs may cause premature lash loss, leading to dissatisfaction with your lash service. Please advise your lash professional if you are taking any of the following:

- |  |                       |
|--|-----------------------|
| Cholesterol Lowering Drugs                         | Antidepressants       |
| Drugs Derived from Vitamin A                       | Anticoagulants        |
| Parkinson's Medications Anticonvulsants (Epilepsy) | Beta Blockers for HBP |
| Ulcer Drugs  | Antiarthritics        |
|  | Blood Thinners        |

Do you have any questions or concerns regarding your lash appointment today?

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Please read the following statements and initial next to them. Your initials confirm you have read, agree to, and understand this information.

\_\_\_\_\_ I agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and removal of the eyelash extensions by the certified eyelash extension specialist.

\_\_\_\_\_ I understand that there are risks associated with having eyelash extensions applied to or removed from my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye itching, and in rare cases, an eye infection can occur. I understand that if I experience any of these conditions with my lashes, I will contact the certified lash professional and have the extensions removed immediately at no cost to me, and I will consult with a physician at my own expense. I understand that even though the certified eyelash extension professional applies or removes the eyelashes using the proper technique, the instruments, tapes, cleansers, eye pads, adhesives and removers used may irritate my eyes or require a physician's follow-up care.

\_\_\_\_\_ I understand and agree to the after-care instructions provided by the eyelash extension professional. I realize and accept the consequences of failure to adhere to these instructions, as it may cause the eyelash extensions to fall out prematurely, cause natural lash damage, and/or decrease the time the lashes will last. These after-care directions include: Do not use mascara. Do not use sunscreens, oil based products or oil based removers around the eyes. Keep your lashes dry for the recommended 1 2-24 hours. No picking, pulling, or rubbing your extensions. Do not curl or trim your lashes. Keep your lashes clean, dry and brushed.

\_\_\_\_\_ I agree to the following price and fill guidelines.

Fills should be performed every 2-3 weeks depending on my lash cycle. I will follow my lash professional's suggestion for lash maintenance.

Full set: \$

Fills 2 weeks \$

Fills 3 weeks \$

Lash Removal: Complimentary

\_\_\_\_\_ This agreement will remain in effect for this procedure and all future procedures conducted by the certified eyelash extension professional. I understand this agreement is legal and binding. I am over 18 years of age and consent to the agreement and treatment.

I release my technician and salon from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application, using tools and products the technician has been properly trained to use. There is no guarantee for the bonding time of the eyelash extensions. I understand that there are many factors that may affect the life of the eyelash extensions, such as water, moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_