



**LASH LIFT STATEMENT OF CONSENT AND RECITALS**

**\*Please read all statements thoroughly before initialing\***

\_\_\_\_\_ I consent to have my natural eyelashes lifted / permed / tinted.

\_\_\_\_\_ I acknowledge that perming and tinting procedures can involve inherent risks such as experiencing Blepharitis (inflammation of the eyelids), allergic reaction to perming cream, and Traction Alopecia (pulling out of the hair) which is temporary.

\_\_\_\_\_ If I am a lens wearer, I realize that I must keep my lenses out the day of an eyelash lift procedure.

\_\_\_\_\_ I understand that this procedure will fade over time. The curl from the perming lasts 8 weeks. The tinting will gradually fade over 3 weeks.

\_\_\_\_\_ I understand this is an elective cosmetic procedure and is not medically necessary.

\_\_\_\_\_ I give my consent to *Pradigo / Vault technician* to confer with my physician for medical information required for the safety of my procedures.

\_\_\_\_\_ If an infection occurs after I have received a lash lift procedure, I will seek medical attention from my primary physician or emergency room, **immediately**, and contact the technician as well.

\_\_\_\_\_ I understand to not get the eyelashes wet for 24 hours in order for the perming to be effective.

\_\_\_\_\_ I understand to use oil based makeup removers in order to condition the eyelashes.

**\*Please read all statements thoroughly before signing\***

I have read and understand all risks involved for my perming / tinting eyelash procedure. I have been given an opportunity to ask questions regarding these risks. And, all my questions have been answered. I certify that the information I have been asked for is accurate.

**Print** \_\_\_\_\_

**Sign** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

