



## *Lash Extension Consent Form*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_

Have you had Eyelash extensions applied before?

- Yes
- No

Are you getting eyelash extensions for...

- Daily wear
- Special occasion

Do you wear contacts?

- Yes
- No

If yes, do you have a case with you to remove them? \_\_\_\_\_

Do you have any eye illnesses?

- Yes
- No

If yes, please explain \_\_\_\_\_

Please list any eye drops/ medication you are on \_\_\_\_\_

Are you able to keep your eyes closed for 2 hours or longer?

- Yes
- No

*Please read and check all boxes below*

- I understand that there are risks associated with having artificial eyelashes applied to and/or removed from my natural lashes.
- I understand that the eyelash extensions will be applied to the natural lash as determined by the technician. We will not create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client's natural eyelashes.
- I understand that as part of the procedure, eye irritation, pain, itching discomfort and in rare cases, eye Infection may occur.
- I understand and agree that if I experience any of these issues with my lashes I will contact my technician and have the eyelash extensions removed immediately and consult a physician at my own expense.
- I understand and agree to follow the aftercare instructions provided by my technician. Failure to follow the aftercare instructions may cause the eyelash extensions to fall out.
- I understand that in order to have the eyelash extensions applied to my eyelashes, I will need to keep my eyes closed for the duration of 60-180 minutes during the procedure.
- I understand that I will need to be lying in a reclined position. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean that I will not be able to have the procedure performed on my eyes.
- I agree to use only recommended products on my Eyelash Extensions.
- I acknowledge that I should not pull on my lashes after they have been applied.
- I understand that there is a potential possibility of allergic reaction– as with all cosmetic products.
- I understand this service is non-refundable.

**I agree to all of the above terms and conditions**

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