

MUA LUZ

LASH LIFT FORM

I _____ agree to have a Lash Lift and Tint applied to my natural eyelashes. By signing this agreement, I consent to the placement and/or after care of treatment by MUA LUZ.

_____ I understand that on rare occasions there are risks associated with having this treatment. I further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree that if I experience any of these conditions with my lashes that I will contact the certified professional.

_____ I understand and agree to the after-care instructions provided by MUA LUZ for the use and care of my eyelashes. I realize and accept the consequences of failure to adhere to these instructions may cause the lash life to fall and/or decrease the time the lashes will last.

_____ I understand and consent to having my eyes closed and covered for the duration of the procedure.

I am informing MUA LUZ of the following conditions by marking with a check:

_____ Current use of contact lenses which I may be asked to remove during the procedure.

_____ Current use of anything such as oil containing sunscreen or moisturizer around the eyes

_____ Current use of eye drops of any kind, prescription or over the counter

_____ Current allergies or sensitivities

_____ History of recurrent eye or tear duct infection

_____ History of dry eyes or applicable conditions affecting the eyes

_____ Other medical conditions which would prohibit or compromise this treatment

I agree to the following lash lift follow-up and maintenance instructions:

_____ No waterproof mascara – 24 hour post session

_____ No oil based products around the eye area – 24 hour post session

_____ No water can come in contact with the eye area for 24 hours after procedure

_____ No pulling or rubbing eyelashes

This agreement will remain in effect for this procedure and all future follow-ups conducted by the MUA LUZ. I understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I consent to the agreement and to the lash lift procedure by signing below.

Signature

Date

Printed Name