

MERAKI BEAUTY AND SKIN BAR  
LASH LIFT AND TINT CONSENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How did you hear about us?  Facebook  Instagram  Google Search  Yelp

Friend: \_\_\_\_\_  Other: \_\_\_\_\_

Have you had a Lash Lift in the past? **YES / NO**

How would you describe your natural lashes? (Circle One)

Short                  Long                  Frail                  Thick                  Straight

List any allergies you have (May be N/A): **YES / NO**

Have you ever had your brows or lashes tinted? **YES / NO**

Have you ever had an allergic reaction to hair color? **YES / NO**

**PLEASE READ AND INITIAL THE FOLLOWING:**

A patch test at least 24 hours before your appointment is recommended

\_\_\_\_ I understand to not pluck, pull or cut my natural lashes.

\_\_\_\_ I understand I cannot get my lashes wet or apply eye make-up for at least 24 hours after every lash lift appointment, as it will affect my results.

\_\_\_\_ I understand to come without contacts in or to remove them prior to the service, so there is no irritation.

\_\_\_\_ I agree that if at any time I am uncomfortable with the lash lift or lash tint, I will inform the technician and she will gladly rectify the problem, including ending the session.

\_\_\_\_ I understand there are risks associated with having a lash lift and tint. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases allergic reaction, eye infection, or blurriness could occur.

\_\_\_\_ I am aware that a lash lift lifts my natural lashes. Depending on my natural lash length and strength, results may differ. I am also aware the lash tint will tint my natural lashes black, blue/black or natural brown depending on my preference.

\_\_\_\_ I understand that Licensed Esthetician or Cosmetologist will apply my lash extensions, she/he is trained professionally and there are no refunds to the service, as after care is my responsibility.

\_\_\_\_I understand and consent to having my eyes closed and covered for the duration of the treatment. Note - You must prepare your eye area prior to your arrival. Eyelashes should be clean, dry, and free of mascara, makeup, and oil residue. If you attend your appointment without proper preparation, Meraki Beauty and Skin Bar cannot guarantee lasting or satisfactory results.

\_\_\_\_I am aware that using a lash growth serum may affect my results. (Note - If you are using a lash lift serum, we highly suggest to completely stop using it while having the lash lift. However, if you must, we recommend to only use a very small amount, just on the lash line in the morning only, but cannot guarantee satisfactory results).

\_\_\_\_I give Meraki Beauty and Skin Bar. permission to take, publish and reproduce photographs of me, my face, and/or my eye area, both before and/or after the procedure for advertising and other purposes.

*We suggest not receiving a lash lift and tint without a doctors consent, if you are pregnant, nursing, have chronic dry eye, conjunctivitis, damaged lashes or lashes with gaps, eye infections, trichotillomania, have recently undergone chemotherapy or have extremely short natural lashes. You need to wait a year after having Lasik or blepharoplasty surgery. We may refuse service due to your health & saftey.*

*By signing below I authorize a Licensed Esthetician or Cosmetologist, to perform a lash lift & tint on my eyelashes. The treatments I receive here are voluntary and I release this institution and/or professional from liability and assume full responsibility thereof. If any information changes between my appointments, I will let my specialist know.*

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR ESTHETICIAN USE:**

Date: \_\_\_\_\_ Lift Band Size: \_\_\_\_\_ Eyelash Tint Color: \_\_\_\_\_ Lift Time: \_\_\_\_\_  
Set Time: \_\_\_\_\_

Notes:

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