

Newave Whitening & Lash Lounge

Eyelash Lift & Tint Consent Form

This information is to be used for professional services offered by Newave Whitening & Lash Lounge only. Your information will be held in the strictest of confidence and not used and/or sold for any reason outside of communications with Newave Whitening & Lash Lounge.

You must be over 18 to consent to services. You must be over 16 to receive services. Under 18 requires parental signature *

I am over 18 _____

I am over 16 _____

Parent/Legal Guardian Name (Printed) : _____

Parent/Legal Guardian Signature (If under 18) : _____

Are you currently pregnant or nursing? *

Yes _____

No _____

Do you wear contact lenses? *

Yes _____

No _____

Have you ever had your lashes lifted? *

Yes _____

No _____

Have you ever had your lashes tinted? *

Yes _____

No _____

PLEASE READ AND UNDERSTAND THE FOLLOWING:

I agree and consent to have an eyelash lift and/or eyelash tint applied to my natural eyelashes and/or retouched. *

I agree _____

I would like to discuss this further _____

There are risks associated with having a lash lift and lash tint. As part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases allergic reaction, eye infection, or blurriness could occur. At my request I may have a patch test done at least 24 hours before my appointment. I agree that if at any time, I am uncomfortable with the lash lift and tint treatment, I will inform the technician and she will gladly rectify the problem, including ending the session. *

I understand _____

I would like to discuss this further _____

If any products come into contact with my eye, my eye will be flushed and I will be assisted in seeking medical attention immediately. *

I understand _____

I would like to discuss this further _____

I understand and consent to having my eyes closed for the duration of an approximately 60-minute procedure and that it is my responsibility to keep them closed and remain still during this time. Procedure times vary. *

I understand _____

I would like to discuss this further _____

While every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and the result may not be the color I initially wanted. *

I understand _____

I would like to discuss this further _____

It is my responsibility to prepare my eye area prior to arrival. Eyelashes should be clean, dry, and free of mascara, makeup, and oil residue. If I attend my appointment without proper preparation, Newave Whitening & Lash Lounge cannot guarantee lasting or satisfactory results. *For best results please let us know if you have any mascara or residue on your lashes. *

I understand _____

I would like to discuss this further _____

There are no guarantees for the length of time your lash lift and/or lash tint will last. I understand the aftercare instructions and will do my part to maintain my eyelashes. I understand that there are many factors that may affect the life of the lash lift and/or lash tint such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures. *

I understand _____

I would like to discuss this further _____

I understand and agree to the following after-care instructions for best results and longevity of my lash lift. I realize and accept the consequences of failing to adhere to these instructions may cause the lift to relax and/or decrease the time the lashes will last. *

- No water, sweat, steam, saunas or make-up for the first 24 hours
- Do not sleep on your lashes for the first 24 hours
- Avoid rubbing, or playing with your lashes, resist the temptation to touch
- Waterproof mascara may be used, but the removal may decrease the lift. Regular mascara is recommended
- It is advised to apply an eye safe oil to the lashes about 3 times a week to keep them hydrated.

I may not be a candidate for a lash lift if I have damaged lashes or lashes with gaps or have extremely short natural lashes. *

I understand _____

I would like to discuss this further _____

Patient Name (Printed): _____

Patient date of birth: _____

Patient Signature: _____ Date: _____