

EYELASH EXTENSION CONSENT FORM

I _____ agree to have eyelash extensions applied to my natural eyelashes and/or refilled or removed by the Eyelash Extension Professional.

_____ I understand that in rare cases as a part of the procedure, eye irritation or an allergic reaction could occur. I agree that if I experience any of these conditions that I will contact the Eyelash Extension Professional that performed this procedure and it may be beneficial to have the extensions removed.

_____ I understand and agree to the after-care instructions provided. I accept the consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out and/or decrease the time the extensions will last.

_____ I consent to having my eyes closed and covered for the duration of approximately 60-120 minute procedure. Times may vary depending on the type and number of eyelashes applied and the level of experience of the eyelash technician.

_____ I understand that certain seasons of the year, sleeping patterns, and lash shedding cycles are unpredictable and may cause premature lash shedding that is unavoidable and out of the eyelash professional and clients control.

_____ I understand that extreme heat, steam or smoke may singe the ends, straighten, and/or cause a chemical reaction to the adhesive causing extensions to fuse together.

_____ I understand cutting the extensions will cause the extensions to have a blunt edge and may need to be removed

_____ I understand the prices are subject to change based on the extension retention.

_____ I am informing the certified eyelash extension professional of the following conditions by marking with a check:

- Current use of anything oil based products i.e. sunscreen or moisturiser around the eyes
- Current use of eye drops of any kind, prescription or over-the-counter
- Previous concerns for allergies or sensitivities to eyelash extension adhesive
- Blepharitis (clogged oil glands along lash line)
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions;

_____ I agree to the following eyelash extension follow up and maintenance instructions:

- No mascara is to be used on the eyelash extensions (additional charges may apply)
- No oil based products on or around the eyelash extensions
- No water can come in contact for 12-24 hours
- No pulling, rubbing or at-home removal of the eyelash extensions
- Rinse and brush extensions at least once per day.
- Regular eye makeup wearers need to use a lash cleanser 2-3 times per week
- Avoid excessive heat, steam, and smoke.
- Avoid sleeping on your face.
- Take recommended removals of extensions as necessary
- We'd love to see you again! We recommend fills every 2-3 weeks!

This agreement will remain in effect for this procedure and all future follow ups conducted by the certified eyelash extension professional. I read and understand that this consent agreement is legal and binding. There are no refunds on services provided.

CLIENT NAME:

CLIENT SIGNATURE:

DATE: _____

TECH NAME:

TECH SIGNATURE:

DATE: _____

	DATE:	DATE:	DATE:	DATE:	DATE:
Length					
Curl					
Shape					