

EYELASH EXTENSION CONSENT FORM

_____ I understand there are risks associated with having eyelash extensions applied to, or removed, from my natural eyelashes. I further understand that as part of the procedure, eye irritation, and in rare cases, eye infection or blindness can occur. I agree that if I experience any of these conditions with my lashes I will contact the certified eyelash extension professional and have the eyelashes removed immediately and consult a physician at my own expense.

_____ I understand and agree to the care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out, damage the extensions and/or decrease the time the lashes will last.

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

- | | |
|---|---|
| <input type="checkbox"/> Current use of contact lenses | <input type="checkbox"/> History of dry eyes |
| <input type="checkbox"/> Current use of eyedrops of any kind, prescription or over-the-counter | <input type="checkbox"/> Recent history of Chemotherapy |
| <input type="checkbox"/> Current use of anything such as oil-containing sunscreen or moisturizers around the eyes | <input type="checkbox"/> Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions. |
| <input type="checkbox"/> Current allergies or sensitivities | <input type="checkbox"/> History of recurrent eye or tear duct infections |

_____ I agree to the following eyelash extension post-op and maintenance instructions:

- | | |
|---|--|
| • No waterproof mascara | • No water can come in contact with the eye area for 4 hours after application |
| • No prescription or over-the-counter eye drops | • No tinting or perming of eyelash extensions |
| • No oil based products around the eye area | • No continuous pulling or rubbing of the synthetic lashes |

_____ I understand that a 24 hour notice is required to cancel or reschedule my appointment. If less than 24 hours notice is given, a late cancellation fee of 50% of the total scheduled appointment cost will be charged to my credit card on file. Not showing or calling to cancel or reschedule my appointment will result in 100% of the total scheduled appointment cost.

_____ This agreement will remain in effect for this procedure and all future procedures conducted by the certified eyelash extension professional. I have read and fully understand all information in this legal and binding agreement. I am over 18 years of age and consent to the agreement and to treatment.

By signing below, I verify that I have read and understand the above statements and agree to them.

Signature

Date: ____/____/____

Technician Signature

Date: ____/____/____