

Informed Consent for Eyelash Extensions/Lash Lift/Lash Tint

I agree to have eyelash extensions, or an eyelash lift and/or eyelash tint applied to my natural eyelashes and/or a retouch.

I understand that there are risks associated with having any of these procedures. I further understand that as part of the procedure eye irritation, eye pain, eye itching, discomfort, and in rare cases, eye blurriness or infection can occur. I agree that if I experiences any of these conditions with my lashes, I will contact my technician and consult a physician at my own expense.

I understand that though my technician uses proper technique, instruments, adhesive, tape, cleansers, eye gel pads, and removers, my eyes may become temporarily irritated or in rare cases, require a physician's care. I release my technician from all liability associated with the procedure(s), which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use.

I understand and agree to the care instructions provided by my technician for the use and care of my eyelash extensions, lash lift and/or lash tint. I understand and accept the consequences of failure to adhere to these instructions, and that it may causes the lashes to not perform at optimal level.

I understand that these procedures are semi-permanent and that my natural lashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look of the procedure(s). Most clients require a fill appointment every 3-4 weeks.

I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure and hence, the outcome.

I consent to Before and After photographs for purpose of documentation, potential advertising and promotional purposes.

I understand that it is imperative that I disclose all information requested in the provided Aesthetics Confidential Client History.

I am informing my technician of the following conditions:

Current use of contact lenses which I agree to remove during application _____

Current use of eyedrops of any kind _____

Current allergies to anything that could cause my eyes to water or blink to excess _____

History of recurrent eye or tear duct infections _____

History of dry eyes or Sjogren's Syndrome _____

Other conditions affecting the procedure _____

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

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

