

# EYELASH EXTENSION CONSENT FORM

I \_\_\_\_\_ agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and/or removal of the eyelash extensions by the eyelash extension professional.

\_\_\_\_\_ I understand that in rare occasions there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that in rare cases as part of the procedure eye irritation(swollen) and discomfort could occur. I agree that if I experience any of these conditions with my lashes that I will contact the eyelash extension professional that performed this procedure and it may be beneficial to have the eyelashes removed.

\_\_\_\_\_ I understand and agree to the after-care instructions provided by the 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 and/or decrease the time the lashes will last.

\_\_\_\_\_ I understand and 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.

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

- Current use of contact lenses which I may be asked to remove during the procedure
- Current use of anything such as oil-containing sunscreen or moisturizers around the eyes
- Current use of eye drops of any kind, prescription or over-the-counter
- Current allergies or sensitivities
- History of recurrent eye or tear duct infections
- History of dry eyes or Sjorgen's Syndrome
- Recent history of Chemotherapy
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions

Are you allow to post your pictures on Internet(SNS)? Yes    No

\_\_\_\_\_ I agree to the following eyelash extension follow-up and maintenance instructions:

This agreement will remain in effect for this procedure and all future follow-ups conducted by the eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the eyelash extension application procedure.

CLIENT NAME:

DOB:

\_\_\_\_\_  
CLIENT SIGNATURE:

EMAIL: