

Informed Consent

For Eyelash Extensions



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 certified eyelash extension professional.

Although every precaution will be taken to ensure my safety and wellbeing before, during and after my lash extension application, I am aware of the following information and possible risks. Please initial:

_____ I understand that a full set of lash extensions can make the appearance of my own lashes about 30-50% thicker, and make my lashes appear 20-50% longer.

_____ I understand that lash extension services have some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.

_____ I understand that some irritation, itching, or burning may occur on the skin if the bonding agent comes into contact with it.

_____ I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water and I will be assisted in seeking medical attention immediately.

_____ I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and fall out normally, making touch-up or “fill” appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out.

_____ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.

_____ I understand that it is imperative that I disclose all of the information requested on the Client Intake Form.

_____ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

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

_____ I consent to “before and after” photographs for the purpose of documentation, potential advertising, and promotional purposes.

_____ I agree that if I experience any ill effects with my lashes that I will contact the certified eyelash extension professional that performed this procedure.

_____ I understand that if I experience ill effects it may be beneficial to have the eyelashes removed.

_____ I understand and agree to the after-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 and I understand that it may cause the eyelash extensions to fall out and/or decrease the time the lashes will last.

_____ I understand and consent to have my eyes closed and covered for the duration of an approximately 60-120 minute procedure. I understand that times may vary depending on the type and number of eyelashes applied.

I am informing the certified eyelash extension professional of the following conditions that apply to me (check all that apply):

- I currently use contact lenses (which I may be asked to remove during the procedure)
- I currently use products such as oil-containing sunscreen or moisturizers around my eyes
- I currently use eye drops
- I have allergies or sensitivities I have a history of recurrent eye or tear duct infections
- I have a history of dry eyes or Sjogren's Syndrome
- I have a recent history of Chemotherapy
- I have 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 waterproof mascara
- No oil-based products around the eye area
- No water can come in contact with the eye area for 24 hours after the application
- No tinting or perming of eyelash extensions
- No pulling or rubbing of the eyelash extensions
- Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions

This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified eyelash extension professional. I 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.

Name Printed

Signature

Date

Technician Name

Signature

Date