



Eyelash Extension Consent Form

Artist Name: _____ Date: _____

Name: _____

Are you over the age of 18? (Please circle)

Yes or No

Date of Birth: _____

Phone Number: _____

Address: _____

Email: _____

- **How did you hear about us? (Please circle)**

Website Web search Instagram Facebook

Refer a friend name: _____ Other: _____

- **Health History / Please check any of the following that applies to you (Please circle)**

Allergy to adhesives band aid or medical tape Allergy to surgical glue or nail glue

Seasonal allergies Allergy to glycerin Eye illness or injury

Blepharitis (inflamed eyelids) Permanent eye-makeup Eye lift

Drugs that can cause temporary hair loss Major Surgery within last 120 days

★ **Any client reporting one or more of the above conditions shall advise clients to consult his/her physician before undergoing a body art procedure.**

- **Have you ever had eyelashes extensions before? (Please circle)**

Yes or No

- **I consent to having my eyes closed and covered for the duration of the 120-180 minutes procedure. (Please circle)**

Yes or No

Please agree to the terms and conditions

____ I hereby agree to have eyelash extensions applied to my natural lashes and consent to the placement and / or removal of the eyelash extensions by the certified professional.

____ I understand and agree to the after-care instructions and for any unexpected circumstance that have happened due to not following these instructions are in my own risk.

____ I understand that in rare occasions there are risks associated with having artificial eyelashes. I further understand that in rare circumstances eye or skin irritation and discomfort may occur.

____ I understand that because of the natural lash cycle and wear and tear, I need to maintain my extensions with touch up appointment usually recommended about every 2 to 3 weeks to keep them full.

By signing this consent form

Client's Name (Print): _____

Client's Signature: _____

Date: _____

Practitioner's Name: _____

Practitioner's Signature: _____

Date: _____

For practitioners use ONLY

Note: techniques used for this client
