

Eyelash Extension Consent Form - Alison Andrews Day Spa

I have agreed to have eyelash extensions applied and/or removed from my eyelashes. Before my professional eyelash technician can perform this procedure, I understand I must complete this agreement and provide my consent by signing and dating this consent form.

Client Information:

Name:

Address:

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

How did you hear about

us: _____

Birthday: Month and Day : _____ Month _____ Day (we have birthday coupons!)

Is this your first time having Eyelash Extensions? ____ Yes ____ No

If yes, please let us know about your experience and approximately how long ago you had your last service.

Are you having lash extensions applied for: _____ Special Occasion -or- _____ Daily Wear

Do you wear Contacts? ____ Yes ____ No

Do you have ANY make up around your eyes today? _____ Yes _____ No

Do you often rub, pull or pick your lashes for any reason? ____ Yes _____ No

Do you have , or are you being treated for any eye illness or injury? ____ Yes _____ No

Please list any eye drops or eye medication you are currently using. _____

Are you able to lay on your back for 2 hours to have your lashes applied? ____ Yes ____ No

Will you be able to keep your eyes completely closed for up to 2 hours? _____ Yes _____ No

Are you pregnant? _____ Yes _____ No

What other products do you currently use around your eyes? (eye creams, ointments, lash growers, etc.)

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PLEASE NOTE USE OF OIL BASED PRODUCTS AROUND EYES SHOULD BE DISCONTINUED FOR 48 HOURS AFTER YOUR EYELASH EXTENSION SERVICE. It is also recommended to avoid all oil based products around your eyes for as long as you wear your lashes. Oil based products, waterproof mascaras and liners will loosen the adhesive and your lashes will not last long.

Please initial and date you read and understand the above. _____ Initial _____ Date

For longevity we recommend not to use mascara (you're lashes will look so glamorous you won't feel a need to), however if you must, be sure it is oil free and remove it daily with an oil free wash. We recommend our eye wash, or you can may use Sterild or Occusoft (available at most drug stores).

Please initial and date you read and understand the above _____ Initial _____ Date

Do you use lash growers such as Lattice or over the counter ones? _____ Yes _____ No
It is best to discontinue use of these 2 weeks before you service and discontinue use while you are wearing your lash extensions. Some contain oils and/or steroids and will shorten the duration of your extensions.

How do you usually sleep? _____ Side _____ Back _____ Stomach
Please note you will lose more eyelash extensions on the side on which you sleep. Sleeping on your stomach will affect them the most and it is important to refrain from sleeping on your stomach for the first 2 days after your service to allow the adhesive to set properly.

The following conditions are not suitable for eyelash extensions.

Possible adverse reactions are listed below each condition.

Are you allergic to adhesives (glues, tapes, band aids, etc)? _____ Yes _____ No
This service may use adhesives tapes, glues and gel pads thaty may cause an allergic reaction. We use a medical grade, formaldehyde free glue, but allergies may still occur.

Have you had Chemotherapy Treatments in the last 6 months? _____ Yes _____ No
Medication for chemotherapy may cause a reaction to the materials used in this service. Also, if lashes are just starting to grow back they may be a little weak and we recommend waiting until they are strong enough for this service.

Are you currently taking Thyroid Medications? _____ **Yes** _____ **No**

Thyroid medications or Thyroid Conditions may not last long due to either of these.

Have you had Lasik Surgery in the past 4 months? _____ **Yes** _____ **No**

Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (gel pads, glues, etc.).

Blephoroplasty or other eye condition or surgery in the last 6 months? _____ **Yes** _____ **No**

Blephoroplasty , eye surgery or conditions may have sensitivity to eyelash extensions and products used. Consult your doctor first and ask if it's safe for you to have this service.

Do you wear Contact Lenses: _____ **Yes** _____ **No**

Contact Lenses MUST be removed prior to eyelash extensions procedures. Products may get underneath the contact lens and cause an abrasion or scratching.

Do you have Extremely Oily skin and/or hair? _____ **Yes** _____ **No**

Natural oils will break down the adhesives used to bond the eyelash extensions causing the extensions to fall out quicker. This does not mean you cannot have the service, merely it may cause them to fall out quicker.

Beautiful Lashes can put a serious swagger in your step!

We use only high quality medical grade glue and soft lightweight lashes to give you a glamorous, yet natural look. Here is what you'll experience today.

Step 1 - Consultation with your Lash Extension Expert to insure this service is right for you and to explain your before, during and after experience thoroughly.

Step 2 - Select the style of lashes you would like, to cover length, fullness and shape. If you're unsure, your lash tech will be happy to recommend what's best for you and your lifestyle.

Step 3 - Get Lashed Up!

Step 4 - Rebook for your refill in approx 2 1/2 to 4 week.

Just a few more things! This is to insure a great service and outcome for you.

I understand that eyelash extensions require ongoing maintenance (similar to a nail service). Refills are recommended approx. every 2 /12 to 4 weeks. I understand if I go beyond this recommended time it may need a full set or incur a higher 'relash' price. _____ initial

I will seek medical care (at my own expense) and contact my technician immediately if any allergic or adverse reaction occurs. All of my questions were answered and I understand the procedure and risks. _____ initial

I grant permission to use my before and after photos for marketing or examples of my technicians work. _____ **Yes** _____ **No**

I release my certified lash technician and Alison Andrews Day Spa from any and all liability associated with this procedure. This service will be performed with the utmost attention to safety, sanitation and proper application using tools and products that the technician has been trained and certified to use. This service has many variables due to lifestyle, moisture, weather, extreme temperatures, natural eyelash shedding and other factors. The technician (along with my consent form and consultation) will decided if I am a good candidate for this serive to the best of their ability. _____ Initial.

By signing below, I verify that I have read and understand the above statemetns and agree to them. Thank you for the time you took to read, understand and agree to our consent form.

Client Signature_____

Date_____

Technician

Signature_____Date_____