

Eyelash Extension Consent

Customer Information

Name:

Phone Number:

Email:

Appointment Date:

Health History

☐

Yes

☐

No

Consent

By signing this appointment and consent form, I, hereby, acknowledge, consent, and agree to all of the following:

- I have read and understood the instructions provided me before the procedure. I have full knowledge of the procedure to be performed.
- The eyelash extension procedure requires synthetic eyelashes to be glued to my own natural eyelashes.
- It is my responsibility to keep my eyes closed and be still during the entire procedure until the technician leads me to do the opposite.
- There are some risks of this procedure may be but not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up if I do not keep my eyes closed.
- I disclosed any allergies that I may have.
- I need to follow the after-care instructions and for any unexpected circumstances due to not following these instructions are at my own risk.

I confirm and agree that I wish to engage eyelash extension services at your business in my own will.

Customer

Name:

Date: